

## Student Medical Needs

Medical Need \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Contact Number:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

List persons for Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If your child has an emergency that is a life or death situation  
an Ambulance will be called.

Allergies: