

EMERGENCY INFORMATION/CONTACT FORM

Student's Name: _____

In case of an emergency, please notify:

Name _____ Relationship _____

Street _____

City _____ State _____ Zip Code _____

E-mail address(s): _____

Home: () _____

Work: () _____

Cell: () _____

HEALTH INSURANCE INFORMATION

Does student carry his/her own policy? _____ If so, list the insurance carrier and insurance number:

Insurance Carrier: _____

Policy Number: _____

If the student **does not** carry his/her own policy, is the student covered on parent or legal guardian's insurance policy? _____ If so, list the parent or legal guardian's insurance carrier and insurance number:

Parent's or Legal Guardian's Insurance Carrier: _____

Parent's or Legal Guardian's Insurance Policy Number: _____