

**REGION 15 STUDENT EMERGENCY CARD**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Alt. ID \_\_\_\_\_  
Student Primary Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Lives With \_\_\_\_\_  
Home Phone # \_\_\_\_\_

Is there any medical information concerning your child that we should know that will assist us in planning his/her program?

Health / Medical Alerts (Allergies etc.) \_\_\_\_\_

Medical Comments \_\_\_\_\_

**First Contact ( Parent / Guardian)**

Contact Phone #'s \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Has Custody \_\_\_\_\_ Employer \_\_\_\_\_  
Corrections/Additions \_\_\_\_\_

**Second Contact ( Parent / Guardian)**

Contact Phone #'s \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Has Custody \_\_\_\_\_ Employer \_\_\_\_\_  
Corrections/Additions \_\_\_\_\_

**Third Contact**

Contact Phone #'s \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Has Custody \_\_\_\_\_ Employer \_\_\_\_\_  
Corrections/Additions \_\_\_\_\_

**Fourth Contact**

Contact Phone #'s \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Has Custody \_\_\_\_\_ Employer \_\_\_\_\_  
Corrections/Additions \_\_\_\_\_

**Emergency Contact 1**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Doctor/Dentist Contact Information**

Doctor name \_\_\_\_\_ Office Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Dentist Name \_\_\_\_\_ Office Phone # \_\_\_\_\_ Hospital \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_