

Student Emergency Contact Permission Form

Student Full Name

Date of Birth

Grade

Home Address

Parent/Guardian Name

Parent/Guardian Phone Number

Parent/Guardian Email

Emergency Contacts

Contact Name 1

Relationship

Phone

Contact Name 2

Relationship

Phone

Medical Information

Allergies or Medical Conditions

Medications (if any)

I give permission for emergency medical treatment to be provided if necessary.

Parent/Guardian Signature:

Date:
