

EMERGENCY FORM

(LAST NAME IN CAPS)

STAFF OR STUDENT

Name:
(Last, middle and First name)

Address:
(Street address)

(City, State and zip code)

Home Phone:
(Area code and number)

EMERGENCY INFORMATION

Blood Type:
(e.g., O Negative, not known, etc.)

Medications:
(Prescribed/taken regularly or none)

Allergies, etc.:
(e.g., penicillin, wasps, milk, etc. or none)

Contact lens? Yes No Glasses? Yes No

Religious Affiliation:
(If it might affect emergency treatment or N/A)

Miscellaneous:

Contact:
(Name of emergency contact) (Relationship)

Telephone:
(Area code and number)