



Emergency Identification & Contact Form 2019/2020

Student Full Name: _____ **Date of Birth:** _____ **Age:** _____

Contacts 1 & 2 are for Parent/Guardian. Contact 1, Phone #1 will be the first phone number used in the event of an emergency. Contact 3 is primarily meant for neighbors or family relatives.
Please circle phone type for each number listed. You must fill in at least 2 contacts.
K12 Alerts (Automatic Messaging): Please CIRCLE Yes next to each phone number or email address that you would like to receive Emergency Messages AND/OR Announcements

Contact 1 Parent/Guardian that Student Lives With

Name:		Relationship:			K12 Alerts Preferences			
Address:					EMERGENCY		Announcement	
City/State/Zip:					<i>Voice</i>	<i>Text</i>	<i>Voice</i>	<i>Text</i>
Phone # 1:	Home	Cell	Work	Yes	Yes	Yes	Yes	
Phone # 2:	Home	Cell	Work	Yes	Yes	Yes	Yes	
Phone # 3:	Home	Cell	Work	Yes	Yes	Yes	Yes	
Email:					Yes		Yes	
CIRCLE ALL that apply for this contact:		Lives With	Has Custody	Is Emergency	Can Pick Up	Mailings		

Contact 2 Parent/Guardian

Name:		Relationship:			K12 Alerts Preferences			
Address:					EMERGENCY		Announcement	
City/State/Zip:					<i>Voice</i>	<i>Text</i>	<i>Voice</i>	<i>Text</i>
Phone # 1:	Home	Cell	Work	Yes	Yes	Yes	Yes	
Phone # 2:	Home	Cell	Work	Yes	Yes	Yes	Yes	
Phone # 3:	Home	Cell	Work	Yes	Yes	Yes	Yes	
Email:					Yes		Yes	
CIRCLE ALL that apply for this contact:		Lives With	Has Custody	Is Emergency	Can Pick Up	Mailings		

Contact 3

Name:		Relationship:				
Address/City/State/Zip:						
Phone # 1:	Home	Cell	Work			
Phone # 2:	Home	Cell	Work			
Phone # 3:	Home	Cell	Work			
CIRCLE ALL that apply for this contact:		Lives With	Has Custody	Is Emergency	Can Pick Up	Mailings

Healthcare Provider Information	Insurance Provider:
Primary Care Physician:	Dentist:
Office Phone:	Office Phone:
Address:	Address:
Specialist:	Specialist:
Specialist Type:	Specialist Type:
Office Phone:	Office Phone:
Address:	Address:

Student Full Name:

Date of Birth:

Age:

Allergies

List all known allergies & describe reaction and management of reaction

Important New and Updated Medical History/Information

Please list any Dietary, Activity, or Other Limitations or Restrictions

Current Medications

Please list all medications (including over-the-counter or non prescription drugs) taken routinely

- This student takes NO medication on a routine basis
- This student takes medication as follows

Parent/Guardian Signature

Date