

THE INFORMATION GIVEN BELOW IS FOR THE SOLE PURPOSE OF EMERGENCIES. PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE.

**BEATRICE HIGH SCHOOL
STUDENT EMERGENCY INFORMATION**

Student Last Name Student First Name MI _____/_____/_____
Date of Birth

Grade: 9 10 11 12 Gender: M F

Street Address _____, NE _____
City Zip Phone #

EMERGENCY CONTACT INFORMATION

Primary Contact Person: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

Address: _____

Secondary Contact Person: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

Address: _____

STUDENT'S MEDICAL PROVIDER INFORMATION

Student's Physician: _____ Telephone: _____

Student's Dentist: _____ Telephone: _____

Insurance Company: _____ Telephone: _____

Policy ID Number: _____ Policy Holder: _____

STUDENT'S MEDICAL BACKGROUND INFORMATION

Date of Last Tetanus Shot: _____

Allergies to Drugs: _____

Allergies to Foods: _____

Student's medications an emergency responder should be aware of:

Other information an emergency responder should be aware of:

Any other pertinent information coaches/sponsors should know about related to emergency response to student:

Date: _____

(Signature of Parent/Guardian)