

**Anselmo-Merna Public School
Extracurricular Activities
Emergency Information**

Student Name: _____ DOB: _____ Grade: _____

Emergency Contact Information:

Primary Contact: _____ Relationship: _____
Home #: _____ Work #: _____ Cell #: _____

1st Secondary Contact: _____ Relationship: _____
Home #: _____ Work #: _____ Cell #: _____

2nd Secondary Contact: _____ Relationship: _____
Home #: _____ Work #: _____ Cell #: _____

Medical Provider Information:

Student's Physician: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

Insurance Company: _____

Name on Insurance Card: _____ Policy #: _____

Medical Background (for Athletic Participants)

Date of last Tetanus: _____ Blood Type: _____

Allergies to Drugs: _____ Food Allergies: _____

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

Other information an emergency responder should be aware of:

Any other pertinent information coaches or sponsors should know about related to emergency response for the student: _____

Signature of Parent/Guardian

Date