



## Student Emergency Contact Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please identify any known allergies: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Father's email: \_\_\_\_\_

### First Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

### Second Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Is your child covered under Health Insurance? Yes \_\_\_ No \_\_\_

Name of Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby grant permission for BelovED staff to secure emergency medical, psychiatric and/or other services should they be needed and the school staff is unable to contact me. I am aware that Parents/Guardians are responsible for the financial obligation for such emergency care and transportation from the hospital.

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Signature of parent/guardian