

Emergency Information Sheet

Information valid for 1 year

The information on this card will be held confidential for use in case of an emergency.

Student Name: _____

Date: _____

In case of an emergency, please contact:

Name: _____

Phone 1: _____

Relationship: _____

Phone 2: _____

Name: _____

Phone 1: _____

Relationship: _____

Phone 2: _____

Please list any significant health conditions that we should be aware of. For example, allergies (including allergies to medications), diabetes, heart or circulatory conditions, epilepsy.

Please list any medications you are currently taking including the name of the medication, the dosage, and the frequency of use.

Riverbend Community Math Center

correspondence@riverbendmath.org

<http://riverbendmath.org>

(574) 339-9111

