



YOUTH EMERGENCY CONTACT SHEET

Student's Full Name: _____

Student's Address: _____

City _____ Zip _____

Phone Number: _____ Email: _____

Parent/Guardian's Names _____

Their Address if Different _____

City _____ Zip _____

Emergency Contact

Name: _____ Relationship _____

Phone Number _____ Cell _____

Insurance Provider _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Please Check all that applies to your youth

Heart condition _____ Diabetes _____ Asthma _____ Seizure Disorder _____

ADD/ADHD _____ Migraines _____ Depression _____

Medications/Other _____

Allergies (food, insects medication, environment, (specify) _____

Does your child have an EpiPen? Yes _____ No _____

