

**School District of Elmwood**

**EMERGENCY CONTACT CARD (2017-18 School Year)**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Numbers (please list whether they are cell, home, or work numbers who they apply to:

\_\_\_\_\_  
\_\_\_\_\_

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Primary Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Secondary Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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Medical Information for Student:

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Clinic or Hospital: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance ID#: \_\_\_\_\_ Name on Insurance Card: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Medical Concerns: \_\_\_\_\_

Comments: \_\_\_\_\_