

School Emergency Contact Form Sample for Students

The **School Emergency Contact Form** sample for students ensures quick access to vital information during urgent situations. It collects essential details such as parent contacts, medical conditions, and emergency procedures. This form enhances student safety by streamlining communication between the school and families.

Student Information

Student Name:

Grade/Class:

Date of Birth:

 MM/DD/YYYY

Parent/Guardian Contact Information

Parent/Guardian Name (1):

Phone Number (1):

Email Address (1):

Parent/Guardian Name (2):

Phone Number (2):

Email Address (2):

Emergency Contacts (Other than Parent/Guardian)

Name	Relationship	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Information

Medical Conditions / Allergies:

Medications (if any):

Family Doctor's Name:

Doctor's Phone Number:

Health Insurance Information:

Emergency Procedures & Permissions

I authorize the school to arrange emergency medical treatment for my child if required.

I give permission for my child to be transported by emergency services if needed.

Please notify the school of any changes to this information promptly.

Parent/Guardian Signature:

Date:

 MM/DD/YYYY