





## Health Emergency Contact Form

Student's Name \_\_\_\_\_  
Family Name First Given Name Second Given Name

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Class of \_\_\_\_\_  
Day/Month/Year

Contact in case of a medical emergency

\_\_\_\_\_  
Family Name First Given Name Second Given Name

Relation to student \_\_\_\_\_ Home landline phone \_\_\_\_\_

Cellular phone \_\_\_\_\_ Work phone \_\_\_\_\_

Alternate contact in case of a medical emergency

\_\_\_\_\_  
Family Name First Given Name Second Given Name

Relation to student \_\_\_\_\_ Home landline phone \_\_\_\_\_

Cellular phone \_\_\_\_\_ Work phone \_\_\_\_\_

Other contact numbers if the above listed contacts cannot be reached

In the event of a medical emergency that requires a doctor's intervention and a parent and/or the designated physician cannot be reached, we will take the student to the PISAM.

IUGB has my permission to authorize emergency medical treatment as recommended by a qualified physician, in the event that a parent or guardian cannot be reached.

I prefer that the following doctor and clinic be contacted if warranted:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Doctor or Medical office Hospital/Clinic Telephone numbers

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

