

“YOUR SCHOOL’S NAME HERE”
Classroom/Lab
MEDICAL EMERGENCY CONTACTS

Copy Free with permission of
Default Prevention, Inc. Call
Matt 702-434-4085

Student Name:

Primary Emergency Contact

Relationship:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>	Mess Phone:	<input type="text"/>
Email:	<input type="text"/>		

Secondary Emergency Contact

Relationship:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>
Cell Phone:	<input type="text"/>	Mess Phone:	<input type="text"/>
Email:	<input type="text"/>		