

# EMERGENCY MEDICAL INFORMATION

## STUDENT INFORMATION

<b>LEGAL LAST NAME</b>	<b>LEGAL FIRST NAME</b>
	<b>LEGAL MIDDLE NAME(S)</b>

## EMERGENCY MEDICAL INFORMATION

ALBERTA HEALTH NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DOCTOR NAME \_\_\_\_\_ DOCTOR PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

MEDICATIONS TAKEN (Name, Reason, Dosage) \_\_\_\_\_

DIETARY RESTRICTIONS (if any) \_\_\_\_\_

<p><b>PARENT/GUARDIAN # 1</b></p> <p>NAME _____</p> <p>PHONE Work _____</p> <p>EMPLOYER _____</p> <p>POSITION _____</p> <p>PHONE Cell _____</p> <p>PHONE Alternate _____</p>	<p><b>PARENT/GUARDIAN # 2</b></p> <p>NAME _____</p> <p>PHONE Work _____</p> <p>EMPLOYER _____</p> <p>POSITION _____</p> <p>PHONE Cell _____</p> <p>PHONE Alternate _____</p>
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<p><b>EMERGENCY CONTACT # 1</b></p> <p>NAME _____</p> <p>RELATIONSHIP _____</p> <p>PHONE Daytime _____</p> <p>PHONE Alternate _____</p>	<p><b>EMERGENCY CONTACT # 2</b></p> <p>NAME _____</p> <p>RELATIONSHIP _____</p> <p>PHONE Daytime _____</p> <p>PHONE Alternate _____</p>
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