

Impact Emergency Form

Student's Name: _____ Birthdate: _____

Parent / Guardian (Person to contact in case of emergency)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Alternate Person (In case parent/guardian cannot be reached)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Child's Doctor _____ Phone _____

Doctor's Address _____

Child's Dentist _____ Phone _____

Dentist's Address _____

Hospital Preference _____

Insurance Company _____

Policy holder's name _____

Policy number _____

Parent / Guardian Signature

Date