

2026-2027
SOUTHWEST JR./SR. HIGH SCHOOL
EXTRACURRICULAR ACTIVITIES

EMERGENCY INFORMATION

Students Name:	DOB:	Grade Level:
-----------------------	-------------	---------------------

Emergency Contact Information

	Home #	Work #	Cell #
Primary Contact/Relationship: _____	_____	_____	_____
1 st Secondary Contact/Relationship: _____	_____	_____	_____
2 nd Secondary Contact/Relationship: _____	_____	_____	_____

Medical Provider Information

Student's Physician: _____	Telephone: _____
Student's Dentist: _____	Telephone: _____
Insurance Co.: _____	Telephone: _____

Medical Background (for Athletic Participants)

Date of Last Tetanus: _____	Blood Type: _____
Allergies to Drugs: _____	Allergies to Food _____
Student's medication an emergency responder should be aware of:	
Other information an emergency responder should be aware of:	

Any other pertinent information coaches or sponsors should know about related to emergency response for the student: _____

Date: _____

(Signature of Parent/Guardian)