



Emergency Contact Information

Student's Name _____ Grade _____

Birth Date _____ Home Phone _____

Home Address _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

We will try to reach the parent/guardian(s) at the above phone numbers BEFORE calling the emergency contacts below.

Emergency Contacts Outside of the Home

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Medical Insurance Company and Policy Number _____

Physician Name and Phone Number _____

Preferred Hospital _____

Are there any medical conditions we should be aware of (allergies, asthma, diabetes, etc.?)

Is the student taking any medications? If so, what kind?

I authorize staff of Watershed High School to administer basic first aid when deemed necessary.

Parent/Guardian Signature _____ Date _____

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MINNEAPOLIS, MN 55419
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