

Emergency Information

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Emergency Contact Phone Numbers on April 29-30 \_\_\_\_\_  
cell \_\_\_\_\_

Medical Conditions or Medications

\_\_\_\_\_

\_\_\_\_\_

Medical Coverage \_\_\_\_\_ Coverage # \_\_\_\_\_

If a parent can't be reached, I authorize Mark Aubel to seek emergency  
medical care  
for my child if needed on April 29-30, 2006.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_