

BELDING AREA SCHOOLS EMERGENCY INFORMATION

Name: _____

Phone: _____

Address: _____

City/Zip: _____

Building: _____

Pertinent medical conditions you feel the district should be aware of and/or related medications: _____

Allergies: _____

Doctor: _____

Phone: _____

Address: _____

City/Zip: _____

IN CASE OF EMERGENCY, PLEASE CALL: (At least one name needs to be a relative)

Name: _____

Relationship: _____

Address: _____

City/Zip: _____

Home/Cell Phone: _____

Work Phone: _____

OR

Name: _____

Relationship: _____

Address: _____

City/Zip: _____

Home/Cell Phone: _____

Work Phone: _____

Please complete and return to your building secretary.

Signature _____ **Date:** _____

This form must be completed each year.