## **Emergency Contact List**

Teacher's Name\_\_\_\_\_\_ Grade\_\_\_\_\_ Team/Subject\_\_\_\_\_\_

Student Name	Emergency Contact Name	Emergency Contact Number	Allergies/ Medical Considerations
Sample Student	Sample Mom	910-555-1212 (h)	Bee stings- carries an Epi-pen
Another Student	Another Parent	770-555-1212 (h)	Penicillin,
Classroom Kid	Working Parent	910-111-2222 (h) 910-222-1111 (w)	Peanuts, fish, seasonal, penicillin, dust, chalk, hair, chicken, wheat, cherry flavoring. Breathing difficulties- carries a nebulizer
<b>!!!!!!! DO NOT LIST STUDENT DIAGNOSIS !!!!!!!</b>			
Examples of Diagnosis	:	ADHD	
		Lactose Intolerant	
		Diagnosed with a benign heart murmur in 2009	
		Epileptic- instead indicate that the student has seizures.	