



WOODLAND  
Public Schools

## Emergency Contact

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Room/Location: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: (e.g., insects, food, medications, etc.): \_\_\_\_\_

Medical Conditions/Concerns: (e.g., diabetes, epilepsy, etc.): \_\_\_\_\_

### Emergency Contact Information

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Carrier/I.D. # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date