



ADMINISTRATIVE OFFICES  
150 East Sample Road, Suite 220, Pompano Beach, FL 33064  
Phone: 954-532-9614 – Fax: 954-532-1089

### EMERGENCY CONTACT INFORMATION

Student's Name \_\_\_\_\_  
Last First M.I.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

In case of emergency, contact:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Please note any special health conditions such as allergies (medications, antibiotics, tetanus, food, insect bites, etc.), convulsions, delayed blood clotting time, etc.

\_\_\_\_\_  
\_\_\_\_\_

In case of extreme emergency when emergency contact or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE INFORM THE SCHOOL OF ANY CHANGES**