



Emergency Contact Form

Emergency Contact Information

Patient's Name: First _____ MI _____ Last _____

Address: _____ Apt # _____ City _____ St _____ Zip _____

Allergies: _____

Medications/Medical Conditions: _____

Parent/Guardian Information (In Case of Emergency, Notify in Order Listed)

(1) Primary

Name / Relationship: _____

Address: _____

Phone Number: _____

Alternative Phone Number: _____

Email Address: _____

(2) Secondary

Name / Relationship: _____

Address: _____

Phone Number: _____

Alternative Phone Number: _____

Email Address: _____

(3) ALT

Name / Relationship: _____

Address: _____

Phone Number: _____

Alternative Phone Number: _____

Email Address: _____

Please select options below. There are typically birthday /graduation celebrations, where food is served

I give permission for my child to receive food / snacks at Sage Communication Clinic.

I DO NOT give permission for my child to receive food / snacks at Sage Communication Clinic.

I give permission for my child to attend birthday / graduation celebrations for other students.

Sign: _____ Printed Name: _____ Date: _____