



EMERGENCY CONTACT INFORMATION

SCHOOL YEAR:

STUDENT NAME:

HEALTH CARD #:

VERSION CODE: EXPIRATION DATE:

CHANGE IN INFORMATION FROM PREVIOUS YEAR	YES	NO
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Emergency Contact # 1

NAME:

RELATION:

PHONE # 1:

PHONE # 2:

EMAIL:

Emergency Contact # 2

NAME:

RELATION:

PHONE # 1:

PHONE # 2:

EMAIL:

Please complete and email it back to cindy@thehillacademy.com