

Dartmouth Student Emergency Information

Dartmouth High School

Please fill in all information below. The "Pri" value indicates the priority in which the contacts will be called in the event of an emergency starting with those whose Pri value is 1. A contact with a "Pri" value of 0 will not be called. Finally, please sign and date below.

January 25, 2010

Name: _____
ID: _____
Hrm: _____

Mother's E-mail: _____
Father's E-mail: _____
Student E-mail: _____

Date of Birth: _____

Insurance Carrier: _____

Home Phone: _____

Policy ID#: _____

Lives with: _____

Subscriber Name: _____

(Indicate parents, mother, father, grandparents, etc.)

Pri	Name	Relationship

Home Phone: _____

Cell Phone: _____

Emergency Phone: _____

Address: _____

City/Town: _____

Place of Employment: _____

Work Phone: _____

Pri	Name	Relationship

Home Phone: _____

Cell Phone: _____

Emergency Phone: _____

Address: _____

City/Town: _____

Place of Employment: _____

Work Phone: _____

Pri	Name	Relationship

Home Phone: _____

Cell Phone: _____

Emergency Phone: _____

Address: _____

City/Town: _____

Place of Employment: _____

Work Phone: _____

Pri	Name	Relationship

Home Phone: _____

Cell Phone: _____

Emergency Phone: _____

Address: _____

City/Town: _____

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