

Cassville School District Emergency Contact Card

Please print all information.

Name: _____ Address: _____ City: _____
(Student/Athlete)

Zip Code: _____ Home Phone: _____ Cell Phone: _____

Primary Contact Person:

Name: _____ Address: _____ City: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Secondary Contact Person:

Name: _____ Address: _____ City: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information for Student/Athlete:

Blood Type: _____

Personal Physician: _____ Physician's Phone #: _____

Preferred Hospital: _____

List of Allergies: _____

List of Medications: _____

List Special Medical Conditions: _____

Insurance Information:

Name of Insurance Carrier: _____

Insurance ID #: _____

Name on Insurance Card: _____