

Student's Emergency Information

Student information

Name: _____

Date of birth (mm/dd/yyyy): _____

Diagnosis or Diagnoses: _____

Emergency Contact Information

Who is the first person to contact in case of an emergency (during school hours)?

Name: _____

Relationship to the student: _____

Please indicate which number should be called first, second, and so on.

Cellular phone: _____

Home phone: _____

Work phone: _____

Other (please specify): _____: _____

Second Emergency Contact (if the first is not available)

Name: _____

Relationship to the student: _____

Please indicate which number should be called first, second, and so on.

Cellular phone: _____

Home phone: _____

Work phone: _____

Other (please specify): _____: _____

Third Emergency Contact (if the first and second are not available)

Name: _____

Relationship to the student: _____

Please indicate which number should be called first, second, and so on.

Cellular phone: _____

Home phone: _____

Work phone: _____

Other (please specify): _____: _____

Student's Emergency Information for Schools Continued

Medical Team Contact Information

Primary Care Physician

Name: _____
Office number: _____
Emergency pager: _____
Fax number: _____

Pulmonary Hypertension Physician

Name: _____
Office number: _____
Emergency pager: _____
Fax number: _____

Pulmonary Hypertension Nurse

Name: _____
Office number: _____
Emergency pager: _____
Fax number: _____

Other(s) (please specify)

Name: _____
Office number: _____
Emergency pager: _____
Fax number: _____

Insurance Information

(This information will only be used if emergency medical services are contacted.)

Health Insurance Plan: _____

Insurance Company Claims Address

Street Address: _____
City: _____
State and Zip: _____
Phone Number: _____

Policyholder's Name: _____

Policyholder's Birth Date (mm/dd/yyyy): _____

Students Relationship to Policyholder: _____

Insurance Policy Number: _____

Insurance Group Number: _____