

FAME STUDENT INFORMATION/EMERGENCY FORM

Please have students/parents complete the information below and return to office.

NAME _____ GRADE _____ HMRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAME _____

HM TELEPHONE # _____ CELL TELEPHONE# _____ (STUDENT)

CELL TELEPHONE # _____ (M) CELL TELEPHONE# _____ (F)

YOUR HIGH SCHOOL _____

INSURANCE _____

FAMILY DOCTOR _____

MEDICAL CONCERNS (Allergies, medication, special problems)

PERSON TO CONTACT WHEN PARENT CANNOT BE REACHED

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HM TELEPHONE # _____ CELL TELEPHONE _____