

Allatoona NJROTC EMERGENCY CONTACTS

2016 - 2017 SCHOOL YEAR*

CHILD'S NAME: _____

PARENT'S / GUARDIAN NAME: _____

DATE OF BIRTH: _____

HOME PHONE: _____

AGE: _____

WORK PHONE: _____

CELL PHONE: _____

MEDICAL CONDITIONS: _____

ALTERNATE CONTACT'S NAME: _____

ALLERGIES: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

CURRENT MEDICATIONS: _____

ALTERNATE CONTACT'S NAME: _____

FAMILY DOCTOR: _____

HOME PHONE: _____

DOCTOR'S PHONE: _____

WORK PHONE: _____

INSURANCE PROVIDER**:

CELL PHONE: _____

Notes:

*A NEW EMERGENCY CONTACTS SHEET MUST BE SUBMITTED YEARLY AND EVERY TIME INFORMATION CHANGES.

** ALLATOONA NJROTC UNIT HAS SECONDARY COVERAGE THROUGH NATIONWIDE INSURANCE.