

Wake Young Men's Leadership Academy

Healthful Living Emergency Information

First letter of
last name:

Student Information Sheet: All information recorded will be cataloged and only
noting sensitivities and to aid responding to emergency situations.

Please Write Legibly!

Student's Full Name: _____ Class Period/ Grade: ____/____

Guardian's Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

E-mail Address: _____

What is the best way to reach you (work, home, cell, e-mail)? _____

Guardian's Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

E-mail Address: _____

What is the best way to reach you (work, home, cell, e-mail)? _____

The numbers below will be used in case of an emergency during this class.

Emergency Contact Name: _____

Relationship: _____

Phone: _____ home

_____ cell

_____ work

NOTE: In the event that you cannot be reached this person will be called after the third attempt to reach you.

Continue on back 

MEDICAL BACKGROUND SAFETY INFORMATION

Does your child have any of the following conditions? (Please circle response)

1. Asthma Yes No

How is this condition managed? _____

2. Diabetes Yes No

How is this condition managed? _____

3. Allergies Yes No

What kind(s) _____

How is this condition managed? _____

4. Does your child have limitations on exercise / physical activity? If yes, please explain.

5. Other concerns. (Use the space below if necessary.)

If your child has any of the above conditions that require medication and/or an emergency plan, this needs to be on file at school. Please ask the school for a 1702 Medication Authorization Form. This must be completed at the beginning of each school year.