

**PSYWE**  
**Emergency Medical Information**

Please print

**Student Name:** \_\_\_\_\_ **Birth Date & Age:** \_\_\_\_\_

\_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Student Phone#**(\_\_\_\_\_) \_\_\_\_\_

**Student E-mail:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Instrument:** \_\_\_\_\_

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**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian E-mail:** \_\_\_\_\_

**Cell Phone #**(\_\_\_\_\_) \_\_\_\_\_ **Business #**(\_\_\_\_\_) \_\_\_\_\_  
(optional)

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**Emergency Contact Person:** \_\_\_\_\_

**Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone #** (\_\_\_\_\_) \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone #**(\_\_\_\_\_) \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_

**Medical Concerns (medications, allergies, asthma, etc.):**

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**In case of an emergency and parents, emergency contact, or doctor cannot be reached, PSYWE is authorized to seek emergency help (911, paramedics or hospital) as needed.**

**Signature of parent/guardian** \_\_\_\_\_

**Date** \_\_\_\_\_