



Northern Westmoreland Career & Technology Center

2021-2022 EMERGENCY INFORMATION

PLEASE PRINT

Student's Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: _____

Parent Cell Phone Number: _____

Student Cell Phone Number: _____

First Person to Contact in Case of Emergency: _____

Relationship to Student: _____

Phone Number: _____

Second Person to Contact in Case of Emergency: _____

Relationship to Student: _____

Phone Number: _____

Hospital you prefer: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Allergies: _____

Medications: _____

Conditions: _____

Other: _____

Phone number for school delays or closings:

Home Number

Parent Cell

(if no preference is marked home number will be used)