



# 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)*