

**BELDING AREA SCHOOLS  
2022-2023 EMERGENCY INFORMATION**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Building:** \_\_\_\_\_

**Pertinent medical conditions you feel the district should be aware of and/or related medications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CALL:** (At least one name needs to be a relative)

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**OR**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Please complete and return to your building secretary. This form must be completed each year.**