

RMBL Introduction to Field Biology for High School  
**EMERGENCY INFORMATION**  
(please print)

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent e-mail \_\_\_\_\_

In an **emergency**, if the parent/guardian listed above cannot be notified, contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Kidney injuries      YES              NO

Heart condition      YES              NO

Diabetes              YES              NO

Asthma              YES              NO

Allergies that necessitate **immediate** access to medication              YES      NO

Student has Epi-Pen (or other medication) in his/her possession              YES      NO

Allergy to any medication, please state \_\_\_\_\_

Special medical conditions, dietary needs, and/or regular medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student insurance coverage: Company \_\_\_\_\_

Policy number \_\_\_\_\_

I authorize teachers, and/or RMBL administrative staff to secure medical aid and ambulance services and to consent to emergency medical or surgical treatment when need is immediate and efforts to contact me are unsuccessful.

YES              NO

Date: \_\_\_\_\_ Parent/Guardian printed name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_