



# EMERGENCY CONTACT INFORMATION

All prescription medication should be reported. No drugs or medication are allowed on campus. No drugs or medications can be administered by Gannon University representatives. Medications are to be administered only by the participant's parent/guardian.

Participant First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date (mm/dd/yyyy)  Male  Female

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Primary Email \_\_\_\_\_

**Emergency contact(s):**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Who has been designated to pick up the participant each day?**

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Participant 's allergies:**

**Is the participant under any medications?**  No  Yes (list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any additional pertinent information regarding special needs and your child's learning/emotional/physical needs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_