STEDY
SOUTHWEST TECHNICAL EDUCATION DISTRICT OF YUMA
Preparing Today's Students for Tomorrow's Workforce

EMERGENCY CONTACT INFORMATION

Student's Name: Last ________________________ First ________________________ Middle ______

Doctor's Name: ____ Phone: ________________________

Insurance Provider: ____________________________________ Policy # ________________________

Please check if your child has any of the following health conditions, and include medication(s) taken.

	YES	NO
ADD/ADHD	__________	__________
Allergies (specify)	__________	__________
Asthma	__________	__________
Diabetes	__________	__________
Endocrine Disorder	__________	__________
Gastrointestinal	__________	__________
Hearing/Ear Disorder	__________	__________
Heart Condition	__________	__________
Migraines	__________	___________
Vision (Glasses/Contact)	__________	___________

Other: ____

____

Emergency Contact: ____

Relationship: _____________________________________ Phone #: ____

Medicine Currently Being Taken: ____

SPECIAL ACCOMODATIONS

Has the student ever been evaluated to determine if he or she is eligible for special education and related services: ☐ Yes ☐ No

If yes, did the student qualify for services? ☐ Yes ☐ No

If yes, please attach a copy of the Student's current Individualized Education Program (IEP).

Parent/Guardian Signature: ____

Student Signature: ____

Date: ____