



## RUSVM Preparatory School Student Medical Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical conditions, problems, allergies, etc. \_\_\_\_\_

### Emergency Contact Information

Parent1 \_\_\_\_\_ (Student/Faculty/Other)

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent2 \_\_\_\_\_ (Student/Faculty/Other)

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Person to contact if a parent cannot be reached \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date