

## Student Emergency Information

*Please Print*

**Name of Program Enrolled at CMU Montrose:**

High School:  MONTROSE  
 OLATHE  
 PEAK

## Student Information

Name: \_\_\_\_\_  
*Last First MI (Name other than legal)*

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

## Parent/Guardian Information

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*(Last, First, MI)*

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*(Last, First, MI)*

Step Parent/Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
*(Last, First, MI)*

Living with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other (Specify): \_\_\_\_\_

## Emergency Contact Information

Contact Name: \_\_\_\_\_  
*(Last, First, MI) (Relationship to student)*

Phone: \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

State diseases, medication, etc., that may affect your activities in class:

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