



*“The Foundation For Building Your Dreams”*

**Dream Builders Communication, Inc.  
21<sup>st</sup> Century Community Learning Center T.A.G. Program  
Emergency Contact Form**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of a medical emergency, the following people and emergency medical personnel should be contacted:

Contact 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Carrier & Medical Identification No.: \_\_\_\_\_

Health/Medical History: \_\_\_\_\_

Medication Taken and Allergies: \_\_\_\_\_

**Please complete and return to the Program Coordinator.**

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