

LEETONIA SCHOOL DISTRICT
HALLWAY WALKER EMERGENCY INFORMATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____

EMERGENCY CONTACT PERSONS:

1) NAME: _____ PHONE: _____

2) NAME: _____ PHONE: _____

PHYSICIAN NAME: _____

ADDRESS: _____ PHONE: _____

DENTIST NAME: _____

ADDRESS: _____ PHONE: _____

PREFERRED HOSPITAL: _____

PREFERRED AMBULANCE: _____

MEDICAL CONDITIONS (ie. Allergies, medications, chronic health problems,
etc.):

