

HINSDALE MIDDLE SCHOOL
Student Emergency Information

Student Name: _____

Parent Phone Numbers:

Home: _____

Work: _____

Cell: _____

Email: _____

Other names and numbers:

Allergies:

Asthma? Yes _____ No _____

Does your son have the proper permission to carry his inhaler? _____

Is there any other medical information we should know about? _____
