

Student Name: _____ DOB _____

Nick Name: _____

Address: _____

School: _____ Grade: _____

Allergies: _____

Emergency contact: _____

Home phone: _____ Cell phone: _____

Please list below any information that you would like for Baldwin County Emergency Services to know about your child. This information is confidential and will only be used to better assist you and your family in the event of an emergency. Information can include triggers, behaviors, and anything that may comfort them.
