



Emergency Contact Address:

\_\_\_\_\_  
Street City County

\_\_\_\_\_  
State/Zip Code

Telephone Number for Emergency Contact:

(Home): \_\_\_\_\_ (Work): \_\_\_\_\_

These are people who will know where I am and how to find me in case of any emergency:

NAME:	PHONE#:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any allergies to medications, foods, etc?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

<p style="text-align: center;"><b>FOR TX SDC STAFF USE ONLY:</b></p> <p>Enrollment Date:</p> <p>TX SDC Advisor:</p>
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