



Queen's Grant Preparatory High School

10323 Idlewild Rd, Matthews NC 28105
(ph) 704-545-0736 (fx) 704-545-0738

Emergency Information Form

Student's Legal Name: _____
Last, First Middle

Address: _____

Birth Date: _____ Age: _____

Mother's Name: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Legal Guardian: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Family Physician: _____

Physician Phone: _____ Physician Fax: _____

Medical Problems or Allergies: _____

Insurance Carrier: _____ Policy Number: _____

In case of accident or illness, I request the school administrator, teacher, coach or school volunteer to contact me. If unable to reach me, and the emergency is acute, I hereby authorize permission to seek emergency medical care, including transportation to an emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

Parent/Guardian Signature

Date