



3936 Bronxwood Avenue  
Bronx, NY, 10466

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Email: info@illuminoxation.org

**Student Health Information/Emergency Contact**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

HEALTH INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Other Important Information (EPI pen, inhaler, etc.): \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Things you would like us to know about your child (Optional)