



Kilgore College
Upward Bound Program
Emergency Contact Information
2020-2021

Student Name: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Phone Numbers Home: _____ - _____ - _____

Work: _____ - _____ - _____

Cell: _____ - _____ - _____

Physician's Name: _____

Physician's Phone Number: _____

Insurance Provider: _____

Insurance Group #: _____

Insurance Phone # & Address or website: _____

Allergies: ____ No ____ Yes If yes, please list all allergies below, including medications used:

Dietary/Special Conditions: _____

Is student taking any medications on a regular basis: ____ No ____ Yes If yes, please list all medications used: _____

Please provide any instructions for dispensing the medication:

If we are unable to reach parent(s)/guardian(s), who should we contact in case of an emergency?

Name: _____

Relationship to student: _____

Contact Number(s): Home: _____ - _____ - _____

Work: _____ - _____ - _____ Cell: _____ - _____ - _____