

**UNITED STATES MARINE CORPS
JUNIOR RESERVE OFFICERS TRAINING CORPS**

EMERGENCY DATA FORM 2024-2025

Name _____ Grade _____ Student ID# _____
Address _____ Home Phone # _____
Father _____ Where Employed _____
Mother _____ Where Employed _____

Other Person who might be contacted in case of emergency:

Name _____ Relationship _____ Phone No _____

Does the student have any medical problem with which the school should be concerned?
_____ If yes, Explain:

Does the student require and special medication? _____ If yes, Explain:

Name of Family Doctor _____ Phone No _____

In case of emergency, will you accept charges for a long distance phone call? _____
If yes, What Number should we dial? _____
(Include Area Code)

Is your child a military dependent _____ If yes, please list sponsor Soc. Sec. No. _____
_____ Rank _____ Duty Station _____

Is your student subject to conditions which make for classroom emergencies? (i.e.,
epilepsy, fainting, diabetes, allergies) _____

Is there any physical defect which would limit your student's participation in physical
training, swimming, competitive athletics? _____ If yes, Explain:

Medical Insurance _____
Name of insurance _____ **Policy Number** _____

Signature of Parent or guardian: **Father** _____
Mother _____

Approved for travel _____
PRINCIPAL'S SIGNATURE

(EMERGENCY DATA FORM 1-77)