

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

**EMERGENCY DATA FORM 2025-2026**

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