UNITED STATES MARINE CORPS
JUNIOR RESERVE OFFICERS TRAINING CORPS

EMERGENCY DATA FORM 2021-2022

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 any special medication? _____ If yes, Explain:

Name of Family Doctor _____ Phone No _____

Is your child a military dependent _____ If yes, please list sponsor last four 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 is 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)