



**LAKE WASHINGTON
TECHNICAL COLLEGE**

Emergency Contact Information

(please bring to your class)

Student Name: _____ Date: _____

Medical Notes: _____

Allergic Reactions: _____

1st Emergency Contact Name: _____ Relationship _____

Phone: _____ Alternate Phone: _____

2nd Emergency Contact Name: _____ Relationship _____

Phone: _____ Alternate Phone: _____