

Student ID No. _____
Year of Graduation _____
Date of Birth _____ / _____ / _____
Month Day Year

STUDENT EMERGENCY FORM

NOTE: A new emergency card must be completed every year, for each student.

Today's Date _____ / _____ / _____
Month Day Year

(Last Name) (First Name)

Address Zip Area Code/Home Phone

The information on this card could be imperative to the welfare of your child; thus we ask that you complete it and promptly return to your child's school. Also, please keep the school informed of any changes that may occur during the course of the school year. This information is also important in the event that school must be dismissed early due to weather conditions or mechanical failure in an individual building. Your child should know what to do in these situations. Please inform your child of the procedure he/she is to follow WHEN NO ONE IS AT HOME in the event of early school dismissal.

I authorize the physician and/or hospital listed on the reverse side to treat my child in the event of serious illness or accident, when I or the other persons listed on the reverse side of this card cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is to be handled by me. Permission to transport my child in case of emergency is also given.

Does your child require medication during school hours? Yes ___ No ___. If Yes is checked, written orders from your Physician must be presented to the school Principal.

Does your child have any Physical Restrictions? Yes ___ No ___. If Yes is checked, please describe restrictions: _____

Does your child have any specific health problems (Ex: asthma, diabetes, allergy (penicillin, etc.))? Yes ___ No ___. If Yes is checked, please specify below:

TROY SCHOOL DISTRICT
4400 Livernois Rd.
Troy, Michigan 48098

Parent/Guardian Signature _____

Parent/Guardian Email Address _____

Parent/Guardian Email Address _____

TSD-0411
Rev 12/15

Please list parents, stepparents, guardians or family friends to be contacted in case of illness or emergency. **STUDENTS MAY BE RELEASED ONLY TO PARENTS OR INDIVIDUALS LISTED ON THIS CARD.** Parent/Guardian and Contact Person will be called in the order they are listed.

1. _____
Parent/Guardian - Last Name First Name Relationship Area Code / Home Phone Area Code / Cell Phone

_____ Place of Employment - Hours of Work Area Code / Business Phone

2. _____
Parent/Guardian - Last Name First Name Relationship Area Code / Home Phone Area Code / Cell Phone

_____ Place of Employment - Hours of Work Area Code / Business Phone

With whom does student reside? _____

_____ Local Contact Person Address Area Code / Home Phone Area Code / Cell Phone

_____ Local Contact Person Address Area Code / Home Phone Area Code / Cell Phone

_____ Family Physician Address Area Code / Office Phone

_____ Local hospital of choice in case of an emergency _____ Dental Clinic of choice in case of an emergency / Office Phone