EMERGENCY CARD Home School District: _____

Student's Name _____ _____Grade_____ Home Phone_____
Last Name First Name
Home Address: _____ _____ _____ Birth Date_____
Number Street City Zip
email address (mom) _____ email address (dad) _____

Father/Guardian: _____ _____ Mother/Guardian: _____ _____
Last Name First Name Last Name First Name

FOR EMERGENCY PURPOSE PLEASE NUMBER EACH CONTACT IN ORDER OF DESIRED ACTION

Phone Numbers – (THREE CONTACT NUMBERS ARE THE MINIMUM)

____Contact parent at home _____ _____
____Contact mother cell phone_____ Family Doctor
____Contact mother at place of employment _____
____Contact father at place of employment_____
____Contact father cell phone _____ _____
Doctors Phone Number
____Contact relative – Name _____

____Contact neighbor – Name _____ _____
Date of Last Tetanus

Hospital of your choice in the event that injury needs immediate attention and no one can be located:

_____
I agree to pay any and all charges which may become necessary during any emergency treatment and/or pay all hospital charges if my child must be taken to the hospital should the school be unable to locate me by telephone at the time of the emergency.

INSURANCE COMPANY: _____POLICY NUMBER_____

Are there any known allergies/chronic health problems? Please check all that apply:

☐Hearing ☐Vision ☐Speech ☐Diabetes

☐Asthma - Does student carry Inhaler _____ Should front office have Inhaler _____

☐Epilepsy ☐Allergies ☐Hemophilia

☐Bee Stings - Does student carry Epi-pen _____ Should front office have Epi-pen for student _____

☐None ☐Other

_____

*For ANY check items, please explain in detail:

_____

_____

IMPORTANT: If there is any change in the information on this card which occurs during the school year, please contact the school at once.