

EMERGENCY CARD

(This card needs to be completed every school year.)

Student Address Label

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year							

(Last)

(First)

(Middle Initial)

Month

Day

Year

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Mailing Address _____ Zip Code _____ Child resides with _____

Father's/Legal Guardian's Name:

Employer: _____

Active Duty: Yes No Branch of Military Service: _____

Home Phone: _____ Bus. Phone: _____

Cellular Phone: _____

E-mail Address: _____

Mother's/Legal Guardian's Name:

Employer: _____

Active Duty: Yes No Branch of Military Service: _____

Home Phone: _____ Bus. Phone: _____

Cellular Phone: _____

E-mail Address: _____

EMERGENCY CONTACTS: In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

Name

Relationship

Phone

1. _____

2. _____

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one.

To assure prompt attention to your child,

PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

Parent's/Legal Guardian's Signature

Note: Please complete health information on back of card. ➔

INSURANCE INFORMATION:

My child has health insurance: Yes No If YES, check: QUEST/Medicaid **OR** Private
If private, check your plan: HMSA Kaiser Tri-Care Other _____

MEDICAL CONDITIONS:

- My child does not have any medical conditions.
- My child has a medical condition(s).

Please check below:

- Asthma
- Chronic Cough/Wheezing
- Hearing Problems
- Seizures
- Blood Disorders
- Diabetes Type I
- Heart Condition
- Skin Problems
- Bone/Joint Disorders
- Diabetes Type II
- High Blood Pressure
- Vision Problems
- Cancer/Leukemia
- Genetic Condition
- Metabolic Disorder
- Other _____

- ALLERGIES:** Bee Sting Food Medications Other _____

For the above allergy(ies), reaction occurs by: Skin contact By inhalation By ingestion Other _____

Date of last reaction: _____

Describe the allergic reaction that occurs: _____

- MEDICATION(S) TAKEN:**

My child takes the following medication(s): _____

Reason for taking the medication(s): _____

- OTHER HEALTH CONCERNS:** _____

Other children:	Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____