EMERGENCY CARD

(to be completed every school year.)

School _____ Date _____

Grade _____ Room _____ Language(s) Spoken at Home _____

Student Address Label

Student Name _____ Sex: ☐ M ☐ F Birthdate ____ / ____ / ____
(Last) (First) (Middle Initial)

Home Address _____ Apt # _____ City _____ Zip Code _____

Mailing Address _____ Zip Code _____ Student Lives With _____

Parent/Legal Guardian Name:	Parent/Legal Guardian Name:
Employer:	Employer:
Active Duty: ☐ Yes ☐ No Branch:	Active Duty: ☐ Yes ☐ No Branch:
Phone: ☐ Cell ☐ Home ☐ Work	Phone: ☐ Cell ☐ Home ☐ Work
Phone: ☐ Cell ☐ Home ☐ Work	Phone: ☐ Cell ☐ Home ☐ Work
E-mail Address:	E-mail:

EMERGENCY CONTACTS: If student becomes ill or is injured at school and parent/legal guardian cannot be contacted, school authorities are to contact and release my student to the custody of one of the following:

	Name	Relationship to Student	Phone
1.			
2.			

If the student needs to be taken to an emergency facility, he/she will be taken to the nearest one.
PLEASE NOTIFY THE SCHOOL OF ANY CHANGES TO PHONE NUMBERS OR ADDRESSES IMMEDIATELY.

Parent/Legal Guardian Signature _____

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

INSURANCE INFORMATION: My student has health insurance: ☐ No ☐ Yes ☐ QUEST Plan: _____

Healthcare Provider: _____ Phone: _____

Dentist: _____ Phone: _____

MEDICAL CONDITIONS:

☐ My student does not have any medical conditions.

☐ My student has the following medical conditions:

☐ 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 ☐ Inhalation ☐ Ingestion ☐ Other _____

Date of last reaction: _____ Describe the reaction that occurs: _____

_____

_____

MEDICATIONS TAKEN:

1. Name: _____ Reason: _____

2. Name: _____ Reason: _____

OTHER HEALTH CONCERNS: _____

_____

ADDITIONAL STUDENTS IN HOUSEHOLD:

	Name	School	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____