

EMERGENCY INFORMATION/PROCEDURE CARD

STUDENT NAME _____
Last First Middle
Date of Birth _____ Grade Level _____ Sex: M or F
Father's Address _____ Phone _____
Mother's Address _____ Phone _____

LOCATIONS PARENTS CAN BE REACHED IF NOT AT HOME:

Father _____
Location Hours Cell Phone
Mother _____
Location Hours Cell Phone

NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED:

Name _____
Address _____ Phone _____

RELEASE In case of emergency, accident, or serious illness to the student named on the card in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, the school may make whatever arrangements are necessary or transport the student to the hospital emergency room.

Parent/Guardian Signature _____

May child be given pain/fever medication? Yes No

If yes, please specify, _____

Allergies _____ Other Conditions _____

Local Physician's Name _____

Address _____

Office Phone _____ Other Phone _____

IMPORTANT NOTE: Please notify the office of any changes listed on this card.

Authorized person(s) to pick up student.

Name Phone

Name Phone

Name Phone