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.	_____	_____	_____