

EMERGENCY CARD

Name: _____ Phone: _____

Home Address: _____

Bus Student (Yes or No) _____ Sex _____ Date of Birth _____ Grade _____ Home Room _____

Name of Father _____ Cell # _____ Place of Work _____

Daytime Phone Number _____

Name of Mother _____ Cell # _____ Place of Work _____

Daytime Phone Number _____

Name of responsible adult who will assume responsibility for the child if parent cannot be reached:

1. _____ Daytime Phone Number _____

2. _____ Daytime Phone Number _____

3. _____ Daytime Phone Number _____

(Please choose someone close to school or bus stop)

Physician Name and Phone: 1) _____ 2) _____

Dentist Name and Phone: 1) _____ 2) _____

Hospital Name and Phone: 1) _____ 2) _____

If you and the physician of your choice as indicated above cannot be reached in an emergency, and if in the judgment of school authorities immediate and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician? Yes _____ No _____.

Allergies: _____

Medications: _____

Known Health Problems: _____

(See other side)

Signs/Symptoms of:

What To Do:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Additional Information:

Signature of Parent or Guardian: _____ Date: _____