

EMERGENCY CARD

Student's Name _____ Birthday _____

Address _____ Home Phone _____

Mother/Guardian Name _____ Company Name _____

Work Phone _____ Cellular Phone _____ Email _____

Father/ Guardian Name _____ Company Name _____

Work Phone _____ Cellular Phone _____ Email _____

In case of an emergency or disaster and I cannot be contacted, Please call and release my child to:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

SPECIAL HEALTH INFORMATION: (check where applicable)

Allergies _____ Seizure Disorder _____ Bee Sting _____ Dental care needed _____

Taking continuing Medication _____ Other _____

In case of a serious illness or an accident involving my child when I cannot be contacted, I hereby authorize school personnel to obligate me for the emergency medical services. I assume financial responsibility for any and all medical expenses incurred in the treatment of my child.

Preferred Physician _____ Phone # _____

Preferred Dentist _____ Phone # _____

Preferred Hospital _____ Phone # _____

Insurance Company _____ Policy # _____

PARENT /GUARDIAN SIGNATURE

DATE