

EMERGENCY INFORMATION CARD

We are concerned for your child's welfare and must advise you that it is essential that this card be completed and immediately returned to the School Nurse and kept **current** if we are to render the best possible care in the event of an accident or illness.

STUDENT'S NAME _____ I.D. NO. _____
 STUDENT'S ADDRESS _____ PHONE _____
 DATE OF BIRTH _____ SEX (M/F) _____ TEACHER _____ GRADE _____

1. Mother's or Guardian's Name _____ Cell No. _____ Beeper No. _____
 Home Address _____ Home Phone _____
 Business Name & Address _____ Business Phone _____

2. Father's or Guardian's Name _____ Cell No. _____ Beeper No. _____
 Home Address _____ Home Phone _____
 Business Name & Address _____ Business Phone _____

3. Please list all children in the household (Preschool and School Age)

Name	Date of Birth			School	Grade	Note Any Significant Health History
	Mo.	Day	Year			

4. **Local** persons to call to come to school if both parents or guardian are unavailable:

Name _____	Name _____
Address _____ Relationship _____	Address _____ Relationship _____
Phone _____ Beeper/Cell _____	Phone _____ Beeper/Cell _____

5. Family Doctor _____ Phone _____ (PLEASE TURN CARD OVER)

PARENT'S REPORT

1. Has your child, during the past year, had any illness, injury or operation?
 Specify _____ Give Dates _____ Yes No
2. Has your child received any immunizations or tests not previously reported?
 Specify _____ Give Dates _____ Yes No
3. Does your child have any vision, hearing or other health problems?
 Specify _____ Yes No
4. Does your child wear glasses or contact lenses? Yes No
5. Does your child have any allergies, including an allergy to food or medication?
 Specify _____ Yes No
6. Is your child on any medication?
 Specify _____ Yes No
7. If your child has any gym/recess restrictions, please specify. _____

In the event your child becomes ill or injured at school, a reasonable attempt will be made to:

- A. contact parent(s) or, in absence,
- B. contact relatives or friends as listed on the reverse side;
- C. contact family physician as listed on the reverse side;
- D. contact the school physician (if necessary);
- E. take or transport to nearest Medical Emergency room.

I hereby give consent to have the above procedure followed for my ill or injured child if responsible school personnel feel that this procedure is indicated and I further consent that my child receive such medical or hospital care and treatment as the physician or hospital may find necessary. If my child becomes ill or injured and does not require hospitalization, he/she may be released only to a friend or relative listed on the reverse side of this card.

If any information on this card must be changed, I will notify the principal in writing of said change.

(Father's or Guardian's Signature) _____ Date _____ (Mothers or Guardian's Signature) _____ Date _____