

# EMERGENCY CARD

(to be completed every school year.)

Student Address Label

School \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_ Language(s) Spoken at Home \_\_\_\_\_

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:

Employer: \_\_\_\_\_

Active Duty:  Yes  No Branch: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home  Work

Phone: \_\_\_\_\_  Cell  Home  Work

E-mail Address: \_\_\_\_\_

Parent/Legal Guardian Name:

Employer: \_\_\_\_\_

Active Duty:  Yes  No Branch: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home  Work

Phone: \_\_\_\_\_  Cell  Home  Work

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 \_\_\_\_\_

**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.	_____	_____	_____