

Grade

School

Name

• Other children: _____

List type:

- Needs special accommodations in the classroom or on school grounds
- Requires limited activities
- Complains of tightness in chest
- Difficulty breathing when around smoke, dust, mold
- Coughs/wheezes with "colds"; colds last a long time
- Wakes up at night with coughing or breathing problems
- Coughs get worse at night
- Coughs when exercising or when playing hard
- Takes medications (LIST) _____

• Other health information about my child: **Please check below:**

- Chronic Cough/Wheezing
- Cancer/Leukemia
- Asthma
- Diabetes
- Heart Disease
- Hearing Problem
- Hemophilia
- Rheumatic Heart
- Seizures
- Sickie Cell Anemia
- Vision Problem
- Other _____

Allergies: Date of last reaction _____
 Allergy Bee Sting Food Medications Other: LIST _____

Yes. **Please check below:**

No medical condition

• My child receives regular care for the following medical conditions:

- My child has health insurance : No Yes
- If YES, check: QUEST/Medicaid **OR** Private
- If private, check your plan: HMO Kaiser Tri-Care Other
- My child has school accident insurance ONLY

Student Address Label

EMERGENCY CARD

(This card needs to be completed every school year)

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M F Birthdate

Month	Day	Year							

Home Address _____ Apt. No. _____ Zip Code _____

Mailing Address _____ Zip Code _____ Home Phone _____

Father's/ Guardian's Name _____ SS# _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ Pager No. _____	Mother's/ Guardian's Name _____ SS# _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ Pager No. _____
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Child resides with _____

EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
Family Physician _____		Phone _____	

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

 Parent's/Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.