

EMERGENCY INFORMATION/PROCEDURE CARD

IMPORTANT: RETURN FIRST WEEK OF SCHOOL

(PLEASE PRINT)

Student Name _____

Date of Birth _____ LAST FIRST MIDDLE
Grade Level _____ Sex: M or F

Home Address _____ Home Phone _____

LOCATIONS PARENTS CAN BE REACHED IF NOT AT HOME:

Father _____
LOCATION/ADDRESS HOURS PHONE

Mother _____
LOCATION/ADDRESS HOURS PHONE

NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED:

Name _____

Address _____ Phone _____

REVERSE SIDE MUST BE COMPLETED AND SIGNED.

517208 (371C) School Specialty

RELEASE: In case of emergency, accident, or serious illness to the student named on this card in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting the physician indicated below and to follow his/her instructions. If this physician is unavailable, the school may make whatever arrangements are necessary or transport the student to a hospital emergency room.

Parent/Guardian Signature _____ Date Signed _____

Remarks _____

Does this student have any major or unusual health conditions? Yes No

If yes, please specify _____

Allergies _____ Other Conditions _____

Local Physician's Name _____

Address _____

Office Phone _____ Other Phone _____

IMPORTANT NOTE: Please notify school officials immediately concerning changes to any information listed on this card.