

**STUDENT EMERGENCY INFORMATION CARD**

STUDENTS NAME (LAST, FIRST, MIDDLE)		<b>**PLEASE FILL OUT ONE PAPER FOR EACH INDIVIDUAL STUDENT**</b>
STUDENT CELL PHONE	GRADE	
ADDRESS (STREET-CITY-STATE-ZIP)		
PREFERRED CONTACT EMAIL FOR HOUSEHOLD		
Mother Stepmother Grandmother Guardian (Please circle one) Lives with student Y or N In case of Emergency please indicate priority to call _____	Father Stepfather Grandfather Guardian (Please circle one) Lives with student Y or N In case of Emergency please indicate priority to call _____	
HOME PHONE	HOME PHONE	
CELL PHONE	CELL PHONE	
PARENT'S EMAIL	PARENT'S EMAIL	
WORK PHONE	WORK PHONE	

**OTHER EMERGENCY CONTACTS** – LIST NAMES OF PERSONS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED AND YOUR CHILD NEEDS TO LEAVE SCHOOL DUE TO ILLNESS. PLEASE INDICATE BY PRIORITY!

Name : \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name : \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name : \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician/Hospital Contact Info: \_\_\_\_\_

**MEDICAL INFORMATION** (please check Yes or No)

Allergic Reactions    Yes    No    If yes, type of allergies \_\_\_\_\_

Asthma                    Yes    No    If yes, type of medication taken \_\_\_\_\_

Diabetes                    Yes    No    If yes, type of treatment \_\_\_\_\_

Seizure Disorders    Yes    No    If yes, what type if seizures \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

**\*\*Note:** If your child needs to take medication during the school day please inform our nurse with details.

May your child take \_\_\_\_\_ Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ Sudafed \_\_\_\_\_ Other \_\_\_\_\_

**OTHER MEDICAL CONDITIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER PEOPLE ALLOWED TO CHECK OUT YOUR CHILD**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_