

Date \_\_\_\_\_ grade \_\_\_\_\_

### EMERGENCY INFORMATION CARD

Student's name \_\_\_\_\_

last first

Address \_\_\_\_\_ Home Tel \_\_\_\_\_

Birthdate \_\_\_\_\_

Employer \_\_\_\_\_

Mother: \_\_\_\_\_ Tel \_\_\_\_\_

Father: \_\_\_\_\_ Tel \_\_\_\_\_

List two nearby emergency contacts who will assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Date \_\_\_\_\_ grade \_\_\_\_\_

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In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, I hereby authorize any licensed physician to render necessary treatment. I will assume all financial responsibility for injuries or illness sustained by my child. In case of an emergency, if I cannot be located, I authorize school authorities to arrange for ambulance services.

Signature of parent or guardian \_\_\_\_\_

Remarks:

Your Hospital-Medical Insurance Co. \_\_\_\_\_

Allergies:

List Medications your Child is taking \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

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