

EMERGENCY INFORMATION CARD

Student Name: _____ Grade: _____
Last First

Address: _____

Parent 1 Name: _____ Phone: _____

Parent 2 Name: _____ Phone: _____

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

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

(Complete Reverse Side ---->)

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In case of accident or serious illness, I request the school/coach to contact me. If the school/coach is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow their 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 _____ Date: _____

Medical Insurance Co. _____ Policy/Group #: _____

Allergies/Allergic Reactions: _____

List Medications your child is taking: _____

Other Medical Conditions: _____

Physician's Name: _____ Phone: _____

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