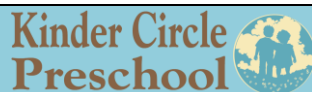


EMERGENCY CARD**2019-2020**

PLEASE PRINT CLEARLY. IF ANY INFORMATION CHANGES DURING THE YEAR, PARENTS MUST UPDATE THIS FORM.

Student's Name

D.O.B

Class

Student's Home Address (Street, City & Zip)

Home Number

Mother's Name

Father's Name

Cell Number

Work Number

Cell Number

Work Number

ALTERNATIVE EMERGENCY CONTACT

Name

Home Number

Cell Number

MEDICAL INFORMATION

Physician Name

Phone Number

Dentist Name

Phone Number

Date of Last DT Immunization:
(Diphtheria/Tetanus)

Date of Last Physical:

Allergies(Food or Drug) / Special Health Considerations:

(Such as: asthma, diabetes, ear/ eye problems, heart conditions, seizure disorders, orthopedic conditions; specialized health care needs; dietary restrictions)

PRESCRIPTION MEDICATION

Will your child bring medication (prescription or over-the-counter) to school?

Yes: ☐No: ☐

If yes, please specify: Name of Medication, Physician Dosage / Frequency, Special Instructions. If no, please continue to the next section.

ALL MEDICATION BROUGHT WILL BE SELF-CARRIED, SELF-ADMINISTERED, AND MUST MEET THE FOLLOWING:**Prescription Medication:** All medication brought must have a current prescription label properly affixed to the medication in question. The label must contain the name of the child, name of drug, dosage, frequency of administration, diagnosis and physician's name.**Over-the-counter Medication:** This medication must be in the original bottle. Place child's name on bottle.**EMERGENCY INFORMATION**

IN CASE OF EMERGENCY, I request my child be taken to _____ hospital. If the school or hospital is unable to contact me, I hereby authorize the school and/or physician to treat my child as they deem necessary.

Insurance Information:

Company Name

Policy and/or Group Number

Parent's Signature

Date

Parent's Signature

Date