

STUDENT EMERGENCY CARE FORM

School Year: _____ - _____

Please PRINT ALL information below.

Student's Last Name _____ First _____ Middle _____ Date of Birth XX/XX/XXXX _____ Age _____ Sex _____ Grade _____

Father's Name _____

Mother's Name _____

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____

Phone: H: _____ Wk: _____ Cell _____

Phone: H: _____ Wk: _____ Cell _____

Pager _____ E-mail _____

Pager _____ E-mail _____

Place of work: _____

Place of work: _____

Please circle who child lives with: Father & Mother Mother Father Legal Guardian: _____ Print Name

Person(s) To Call In Emergency When Parents Cannot Be Reached / and who may pick up the child from school

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Child's Physician _____ City _____ Phone: _____

Hospital Choice _____ Insurance Co. _____

Card Holders name _____ Individual # _____ Group # _____

Drug allergies: _____ Food/environmental allergies: _____

Additional medical information: _____

Daily medications/reason taking: _____ Date of last Tetanus _____

*In case of an emergency, the school will try to contact the student's mother/father or legal guardian. If neither mother/father nor legal guardian can be reached, I give permission to Dr. _____ to be wholly responsible for the care of my child. In the event of an emergency, EMS will be called and the child will be brought to the hospital of your choice or the one EMS deems available and/or appropriate for the type of emergency. I understand that I will be responsible for the payment of all expenses incurred.

Signature of Parent or Guardian _____

Date _____