EMERGENCY CARD

(This card needs to be completed every school year.)

Student Address Label

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Name _____ Sex: M ❑ F ❑ Birthdate ☐☐☐☐☐☐☐☐☐☐
(Last) (First) (Middle Initial) Month Day Year

Home Address _____ Apt. No. _____ City _____ Zip Code _____

Mailing Address _____ Zip Code _____ Child resides with _____

Father's/Legal Guardian's Name:	Mother's/Legal Guardian's Name:
Employer:	Employer:
Active Duty: Yes ❑ No ❑ Branch of Military Service:	Active Duty: Yes ❑ No ❑ Branch of Military Service:
Home Phone: Bus. Phone:	Home Phone: Bus. Phone:
Cellular Phone:	Cellular Phone:
E-mail Address:	E-mail Address:

EMERGENCY CONTACTS: In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1.			
2.			

Family Physician _____ Phone _____ Dentist _____ Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one.
To assure prompt attention to your child,
PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

_____
Parent's/Legal Guardian's Signature

RS 17-1251, May 2017 (Rev. of RS 13-1113)

Note: Please complete health information on back of card. ➡

INSURANCE INFORMATION:

My child has health insurance: ❑ Yes ❑ No If YES, check: ❑ QUEST/Medicaid **OR** ❑ Private
If private, check your plan: ❑ HMSA ❑ Kaiser ❑ Tri-Care ❑ Other _____

MEDICAL CONDITIONS:

❑ My child does not have any medical conditions.
❑ My child has a medical condition(s).

Please check below:

❑ Asthma	❑ Chronic Cough/Wheezing	❑ Hearing Problems	❑ Seizures
❑ Blood Disorders	❑ Diabetes Type I	❑ Heart Condition	❑ Skin Problems
❑ Bone/Joint Disorders	❑ Diabetes Type II	❑ High Blood Pressure	❑ Vision Problems
❑ Cancer/Leukemia	❑ Genetic Condition	❑ Metabolic Disorder	❑ Other _____

❑ **ALLERGIES:** ❑ Bee Sting ❑ Food ❑ Medications ❑ Other _____

For the above allergy(ies), reaction occurs by: ❑ Skin contact ❑ By inhalation ❑ By ingestion ❑ Other _____

Date of last reaction: _____

Describe the allergic reaction that occurs: _____

_____

❑ **MEDICATION(S) TAKEN:**

My child takes the following medication(s): _____

Reason for taking the medication(s): _____

_____

❑ **OTHER HEALTH CONCERNS:** _____

Other children:

Name	School	Grade