

STUDENT EMERGENCY CARE FORM

Student's Last Name First MI Date of Birth Age Sex Grade

Father's Name Mother's Name

Address City Zip Address City Zip

Phone: Hm Bus Cell Phone: Hm Bus Cell

Pager E-mail Pager E-mail

Name of Business Name of Business

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:

Family Physician City Phone:

Choice of Hospital Insurance Co.

Has child any drug/food/environmental/etc. allergies:

Any additional medical information:

List daily medications: Date of latest TD

If any emergency arises, the school will try to contact the student's mother or father. If neither Parent can be reached, I give permission to Dr. to be wholly responsible for the care of my child. If he is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

Signature of Parent or Guardian

Date