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 _____

Note: Please complete and sign back of card.

Rev. 4/13, RS 13-1113 (Rev. of 12-1258)

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 _____

Note: Please complete and sign back of card. ➡

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

_____
Parent's/Legal Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.

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

- My child receives regular care for the following medical conditions:
  - ❑ No medical condition
  - ❑ Yes. **Please check below:**
    - ❑ Asthma ❑ Chronic Cough/Wheezing ❑ Heart Disease ❑ JRA Arthritis ❑ Sickle Cell Anemia
    - ❑ Behavioral Problems ❑ Diabetes ❑ Hemophilia ❑ Rheumatic Heart ❑ Skin Problems
    - ❑ Cancer/Leukemia ❑ Hearing Problems ❑ Hypertension ❑ Seizures ❑ Vision Problem
    - ❑ **Allergies:** ❑ Bee Sting ❑ Food ❑ Medications ❑ Other _____
    - Date and type of last reaction _____
    - ❑ Other Health Concerns: _____
  - ❑ Takes medications (LIST) _____

- Other children:

Name	School	Grade