



### Student Emergency Information Card

Date: \_\_\_\_\_ Morning Bus Number: \_\_\_\_\_ Afternoon Bus Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(last) (first) (middle)

Residence Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(street or rural road) (city)

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(city)

Birthdate: \_\_\_\_\_ Legal Guardian:  Self  Parent  Other

Teacher Name: \_\_\_\_\_ School/Building: \_\_\_\_\_

Father or Legal Guardian's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

With Whom Does the Student Reside: \_\_\_\_\_ Relationship to the Child: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please list below at least **TWO** neighbors or relatives living in the area who would be able and willing to provide **TEMPORARY** care should your child become ill, or be injured while at school, and we are unable to reach you. Persons will be contacted in the order listed below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Medical Diagnosis:** \_\_\_\_\_

<u>Medication(s)</u>	<u>Dosage</u>	<u>Times Administered</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(A signed physician's statement must be on file in the office prior to giving any medication at school.)

**Allergies:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Physical Restrictions:** \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Serial #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ CSHCS #: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to secure emergency medical treatment from one of the above sources or make whatever arrangements seem necessary. I understand that in such an event, information on this form will be shared with the emergency medical person(s).

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_