

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

Email:

Email:

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 medication:

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 vent 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