

2020-21 Emergency Card



Student Full Legal Name: _____

Grade: _____

Date of Birth: _____

In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize the school to make necessary arrangements for my child to receive medical or hospital care, including transportation. I agree to pay all the cost incurred. Under the above circumstances, I further authorize the physician named below to undertake such care and treatment of my child as necessary. In the event said physician is not available, I authorize care and treatment to be performed by any licensed physician or surgeon.

Doctor's Name: _____ Phone # _____

Address: _____

Health Coverage: _____ Medical ID # _____

If my child is ill or has an emergency and I cannot be reached, please call and release my child to: (must have at least two)

Name: _____ Phone _____

Relationship to child: _____

Name: _____ Phone _____

Relationship to child: _____

Name: _____ Phone _____

Relationship to child: _____

Do any of the following apply to your child?

- ☐ Special Education (RSP, Speech, SDC, IEP)
- ☐ 504 Plan
- ☐ Foster Youth
- ☐ Expulsion

Parent/Guardian Signature: _____

Date: _____

Health Information

☐ My child has no know allergies or health conditions

Has your child had any of the following conditions? .
(check all that apply)

- ☐ Asthma (date of last attack) __/__/____
- ☐ ADD/ADHD
- ☐ Food Allergy (list) _____
- ☐ Medication Allergy (list) _____
- ☐ Bee Sting Allergy
- ☐ Diabetes
- ☐ Heart Problems
- ☐ Migraines
- ☐ Seizure Disorder
- ☐ Vision Problems
 - ☐ Wears Glasses/Contacts
- ☐ Hearing Problems
 - ☐ Wears Hearing Aids
- ☐ Mental health condition
- ☐ Other serious allergies _____
- ☐ Chronic Health Condition _____
- ☐ Specialized health care procedures: _____
- ☐ Other: _____

List medication prescribed and dosage:

Does the drug need to be taken during school hours Y N

Any physical condition which limits participation in:

- ☐ Classroom Activities
- ☐ Physical Education

Please explain: _____

Health information gathered from this card and other sources throughout the school year, may be shared with school staff, when appropriate to protect the health and welfare of your child.

Are any of the above life threatening _____