

HEALTH OFFICE EMERGENCY CARD —PLEASE SIGN BELOW

Student's Name _____ Birthdate _____ Grade/Room ____ / ____
Last First Middle Initial

Address _____ Zip _____ Male _____ Female _____

Parent/Guardian #1 _____ Home# (____) _____ E-Mail _____

Employer's Name _____ Work Hours _____ Work# (____) _____ Cell# (____) _____

Parent/Guardian #2 _____ Home# (____) _____ E-Mail _____

Employer's Name _____ Work Hours _____ Work# (____) _____ Cell# (____) _____

Name at least **THREE** relatives or friends to contact when parent is unavailable during a student illness, injury, or emergency.
PERSON MUST DRIVE AND BE ABLE TO PICK UP STUDENT DURING THE DAY.

Name _____ Relationship _____ Phone# (____) _____ Cell# (____) _____

Name _____ Relationship _____ Phone# (____) _____ Cell# (____) _____

Name _____ Relationship _____ Phone# (____) _____ Cell# (____) _____

During an emergency, the Emergency Medical Services (EMS-ambulance) will transport the student to a hospital or special facility deemed necessary for the emergency. Since an emergency can occur at any time, requiring us to call the EMS, it is **VERY IMPORTANT** that the certified school nurse be informed if your child has any of the following:

- 1) **ANY EXISTING MEDICAL OR EMOTIONAL CONDITION(S)**
- 2) **A NEWLY DIAGNOSED CONDITION(S)**
- 3) **ANY CHANGE IN A CONDITION**
- 4) The name of **ANY MEDICINE** taken regularly at home or that will need to be taken in school.

For the safety of all students, **NO MEDICINE** (prescription or over-the-counter), is permitted to be carried by the student.

Doctor's Name _____ Phone (____) _____ Date of last visit _____

Dentist's Name _____ Phone (____) _____ Date of last visit _____

Eye Doctor's Name _____ Phone (____) _____ Date of last visit _____

List **ANY** medical and/or emotional condition(s) your child has _____

List **ANY** allergies _____ Treatment for allergies _____

List **ANY** medicine taken regularly at home _____ Time taken _____

List **ANY** medicine child is to take in school (requires a doctor's order) _____ Time to be taken _____

Signature of Parent/Guardian _____

Date _____