

ARMSTRONG ACTIVITY EMERGENCY CARD

Date: _____ **Activity** _____

Student Name: _____ **Grade:** _____

Address: _____ **Hm#** _____

Mother/Guardian: _____ **Cell:** _____

Father/Guardian: _____ **Cell:** _____

Parent Email address: _____

Non-Parent to notify in an emergency: _____

Phone Number(s): _____

Medical History: Answer Yes/No: Diabetes? _____ **Epilepsy?** _____ **Asthma?** _____

Allergies: _____ **If yes, please list:** _____

Any other medical concerns we should know about: _____

Family Doctor _____ **Phone #** _____

Hospital _____ **Phone #** _____

Insurance Co _____ **Policy #** _____

Signature of Parent/Guardian: _____ **Date** _____