

HOOSAC VALLEY REGIONAL SCHOOL DISTRICT EMERGENCY CARD

Name _____ Grade _____ Homeroom Teacher _____
Birthdate _____ Home phone _____
Father _____ Cell No. _____ Work No. _____
Mother _____ Cell No. _____ Work No. _____
Guardian _____ Cell No. _____ Work No. _____

If parent cannot be reached in an emergency, names of responsible adults to call and may pick up child:

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Students Physician: _____ Phone No _____

Does student have any chronic health conditions or concerns?

Allergies: _____

Names of medication taken on a regular basis or when needed at home:

*I hereby authorize you to call my student's physician if I cannot be reached and such a call is considered necessary.

* I give permission to have the school nurse administer the following:

(doses determined by age and weight)

___ Acetaminophen ___ Ibuprofen ___ Benadryl ___ Orajel ___ Cough drops
___ Calamine lotion ___ Hydrocortisone cream ___ Tums

*Parent/Guardian Signature: _____