

WHSD EMERGENCY CARE/CONTACT CARD

School Year _____ Grade/Homeroom _____/_____

Pupil's Last Name First Name M.I. Birthdate

Student Resides with: Both Parents Mother Father

Pupil's Home Address Zip Code Home Phone No.

Is there a custody order on file with the school office? Yes No

Home or Work Phone Cell Phone

Mother's Name: _____

Father's Name: _____

Guardian's Name: _____

Mother's Email Address: _____ Father's Email Address: _____

List three relatives/friends to contact if parent is unavailable for student illness, injury or emergency. Person must be available during the school day. Student will only be released to listed persons with photo identification.

Name	Relationship	Home/Work Phone	Cell Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please list any siblings the student has attending in the district:

Sibling: (first) _____ (last) _____ School Bldg. _____

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EMERGENCY HEALTH INFORMATION

Any Agency Involvement? Yes No If yes, what? _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

It is important to inform the School Nurse if student has a medical condition. Medical information will be shared with staff on a need to know basis. Existing Medical Conditions: _____

Medications taken at home or school (i.e., inhaler, daily medications): _____

Allergies: _____

Check if your child wears: glasses contacts hearing aid prosthesis other: _____

Print Parent/Guardian's Name Signature of Parent/Guardian Date