

**BURRELL SCHOOL DISTRICT – VOLUNTEER EMERGENCY CARE CARD**

In case of an emergency it may be necessary to call your family or physician. Please complete the following information: **PLEASE PRINT ALL ITEMS**

Employee's name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Person to be notified in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus./cell Phone \_\_\_\_\_

Alternate persons to be contacted:

1. Name \_\_\_\_\_ Realltionship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus./cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus./cell Phone \_\_\_\_\_

Physician to be contacted \_\_\_\_\_ Phone \_\_\_\_\_

If unable to contact your family or physician, permission is granted to arrange for emergency hospital treatment if required.

It is necessary that the school be informed of any unusual existing conditions such as Convulsions, Diabetes, Serious Nose Bleeds, Heart Ailments, Rheumatic Fever, Hypertension, Allergies, Etc.

\_\_\_\_\_  
Please specify Allergies –INSECT STING – BEE – WASP – ETC.

I am on medication for \_\_\_\_\_ Name of medicine \_\_\_\_\_

School Year \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_