

THE PENN HILLS SCHOOL DISTRICT

GRADE _____ **EMERGENCY CARE CARD IN CASE OF SUDDEN ILLNESS OR INJURY** HMRM _____

Pupils Name _____ Date of Birth ____/____/____
(Last Name) (First) (MI) (mm / dd / year)

Address _____ Zip Code _____ Home Phone _____

Parent 1 Name _____ Relationship _____

Work # _____ Ext. _____ Cell # _____ Email _____

Parent 2 Name _____ Relationship _____

Work # _____ Ext. _____ Cell # _____ Email _____

****EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT FIRST****

NAME	RELATIONSHIP	PHONE

In case of an emergency and it is necessary to call a physician, please contact:

Family Physician _____ Phone # _____

If unable to contact parent or doctor, permission is granted to arrange for emergency hospital treatment in keeping with the Police Emergency Regulations stated on the reverse side of this card.

Please list ANY Health Conditions (diabetes, heart condition, allergies, asthma, etc.)

The information will be shared with appropriate school personnel only when deemed necessary by the school nurse to be in the best interest of the student.

Date ____/____/____ Signature of Parent or Guardian _____

PENN HILLS POLICE DEPARTMENT

Please indicate in the space below the name of the hospital you wish your child to be transport to in the event of a medical emergency:

The only exception will be if the needed treatment can be obtained only at Children's Hospital. In the event no hospital is named above, treatment will be at the discretion of the paramedics.

E.O.E.