Emergency Data Card

O'Fallon School District No. 90

Please Complete Legibly

Student Name: _____

Address: _____

_____

Phone: _____

E-mail: _____

Names of Parents or Guardians :

In Home: _____

Not in Home: _____

Release to non-custodial parent/guardian? Yes No N/A

Local Emergency Numbers (other than parents):

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

Other children living at home:

Name	School
_____	_____
_____	_____

*Date of Birth***:** _____ **Grade**: _____

Father's Work/Phone:_____

Father's Cell Phone: _____

Mother's Work/Phone: _____

Mother's Cell Phone: _____

Medical Conditions and Treatments:_____

_____

Allergies (food or meds) _____

Medications (at home or at school)

Name	**Amount**	**Time**
_____	_____	_____
_____	_____	_____

Doctor:_____ **Hospital**:_____

This information may be shared with medical personnel and school staff. Emergency personnel and/or ambulance may be called if necessary.

_____ _____

Signature **Date**