

**ELIZABETH FORWARD SCHOOL DISTRICT STUDENT EMERGENCY
INFORMATION CARD**

Please Print

Please print

Name: Last _____ First _____ Date of Birth ___/___/___

Address _____ City _____, PA Zip code _____

E-mail address _____

School _____ Grade/Homeroom _____ Bus# AM _____ Bus# PM _____

Student Resides With: Both parents Mother only Father only Other _____

Is there a custody order on file in the school office? YES NO

Parent Name(s)	Home Phone	Place of Business	Business Phone	Cell Phone
Mother _____	_____	_____	_____	_____
Father _____	_____	_____	_____	_____
Guardian _____	_____	_____	_____	_____

List **THREE** relatives/friends to contact if parent unavailable for student illness, injury or emergency.
PERSON MUST DRIVE AND BE AVAILABLE DURING SCHOOL DAY

Name	Relationship	Home Phone	Business Phone	Cell
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Student will only be released to the above listed persons with photo identification

It is **IMPORTANT** to inform the School Nurse if student has a **MEDICAL ALERT CONDITION**.
MEDICAL ALERT INFORMATION WILL BE SHARED WITH STAFF ON A NEED TO KNOW BASIS

MEDICAL ALERT INFORMATION (Please check one)

Student has a **MEDICAL ALERT CONDITION**. (Complete reverse side of card.)

Student has **NO MEDICAL ALERT CONDITIONS**

An Emergency may occur requiring Emergency Medical Services (EMS/Ambulance). EMS will transport student to the hospital/special facility deemed necessary for the emergency.

***Parent/Guardian Signature _____ Date _____

Medical Alert Information – Please print

Please list **ALL** existing medical or emotional conditions (Such as heart disease, diabetes, asthma, epilepsy, and all allergies)

Medications with dosage and/or Treatments needed **at home**

1. _____
2. _____
3. _____
4. _____

Is Medication necessary **at school** during the day? Please list with dosages/time needed.

All medication (prescription and non-prescription) administered at school requires Elizabeth Forward District medication forms to be completed by physician and parent. These forms are available from the school nurse. Parents will provide all medications and supplies for treatments according to the district policy guidelines.



Parent / Guardian Signature

Date