HOOSAC VALLEY REGIONAL SCHOOL DISTRICT EMERGENCY CARD

Name_____ Grade____ Homeroom Teacher_____
Birthdate _____ Home phone _____
Father_____ Cell No. _____ Work No _____
Mother_____ Cell No. _____ Work No. _____
Guardian_____ Cell No. _____ Work No. _____
If parent cannot be reached in an emergency, names of responsible adults to call and may pick up child:
Name: _____ Phone No. _____
Name: _____ Phone No. _____
Students Physician: _____ Phone No _____
Does student have any chronic health conditions or concerns?
_____
Allergies: _____
Names of medication taken on a regular basis or when needed at home:
_____
*I hereby authorize you to call my student's physician if I cannot be reached and such a call is considered necessary.

*** I give permission to have the school nurse administer the following:**
(doses determined by age and weight)

___ Acetaminophen _____ Ibuprofen _____ Benadryl _____ Orajel _____ Cough drops
___ Calamine lotion _____ Hydrocortisone cream _____ Tums _____ antibiotic ointment

*Parent/Guardian Signature: _____