

Date \_\_\_\_\_

**CASD Secondary Emergency Card**

**Grades 6 7 8 9 10 11 12**

Male\_\_\_ Female\_\_\_(Check one)

**Child's Name** \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

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

**Father/Guardian/Other** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Mother/Guardian/Other** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**PERSON TO BE CONTACTED IF PARENTS ARE UNAVAILABLE**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

This child has the following medical conditions that you should be aware of (i.e., Allergies, diabetes, epilepsy, heart murmur, etc.):

\_\_\_\_\_  
\_\_\_\_\_

In the event the above named student is hurt or becomes ill at school and needs emergency care, I give the school authorities permission to call a physician or arrange emergency transportation to take him/her to the hospital emergency room and will accept responsibility for any expenses incurred. \_\_\_\_\_

**Signature of Parent/Guardian/Other**

**Please notify the school nurse of any change in emergency information. IT IS IMPERATIVE that we have current information. This is for your child's health and safety. 02/09, 02/10**

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