

Date_____

CASD Secondary Emergency Card

Grades 6 7 8 9 10 11 12

Male___ Female___(Check one)

Child's Name_____ Birth Date_____

Home Address _____
Last First Middle 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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