

STUDENT EMERGENCY CARE FORM

Student's Last Name _____ First _____ MI _____

Date of Birth _____ Age _____ Sex _____ Grade _____

Father's Name _____

Mother's Name _____

Address _____ City _____ Zip _____

Address _____ City _____ Zip _____

Cell _____ Work _____ Home _____

Cell _____ Work _____ Home _____

Name of Work _____

Name of Work _____

EMERGENCY CONTACT(S)

Person(s) to call in an emergency when parents/guardians cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Physician _____ City _____ Phone _____

Choice of Hospital _____ Insurance Co. and ID# _____

Drug/Food/Environmental Allergies _____

Additional Medical Information _____

Current Medication _____ Date of Last TD _____

If an emergency arises, the school will try to contact the student's parent/guardian. If neither can be reached, I give permission to the above-stated doctor to be wholly responsible for the care of my child. If the doctor is unavailable, then the school administration is directed to seek emergency care at the medical or hospital deemed best suited for the child's safety. I will be responsible for the payment of all expenses incurred.

Parent/Guardian Signature _____

Date _____