STUDENT EMERGENCY CARD

TO PARENTS: Please fill out both sides of Student Emergency Card, sign and date.

Print Student Name _____ Date of Birth _____ Grade_____

Address _____ City _____ State _____ Zip_____

Phone Numbers: Home _____ Car _____ Pagers _____

Father _____ Business Phone _____

Mother _____ Business Phone _____

Emergency Contact Person _____ Phone _____

Physician _____ Phone _____

Dentist _____ Phone_____

Will your child bring medication (prescription or over-the-counter)? YES _____ NO ____

If yes, please specify:

Name of Medication	Physician	Dosage/Frequency	Special Instructions

Please provide other health information which would help us meet the needs of your child. Include such conditions as: serious allergies, asthma, diabetes, ear and eye problems, heart conditions, seizure disorders, orthopedic conditions; any specialized health care needs; dietary restrictions.

_____

_____

_____

Date of last T/D (Tetanus-Diptheria Immunization): _____

All medication brought by your child will be self-carried, self-administered, and must meet the following criteria:

Prescription Medication:
All medication brought must have a current prescription label properly affixed to the medication in question. The label must contain the name of the student, name of drug, dosage, frequency of administration, diagnosis, and physician's name.

Over-the-counter Medication:
This medication must be in the original bottle. Place child's name on bottle.

IN CASE OF EMERGENCY, I request my child be taken to _____ hospital. If the school or hospital is unable to contact me, I hereby authorize the school and/or physician to treat my child as they deem necessary.

Physical Exam Date _____ _____ _____

Signature of Parent or Guardian Date

Insurance Information: Company Name _____ Policy Number _____

OFFICE USE: EMERGENCY CARD TO BE RETAINED BY SPONSOR/COACH AND TAKEN ON TRIP