EMERGENCY CARD (to be completed every school year.)			
School Date	Student Address Label		
Grade Room Language(s) Spoken at Home			
Student Name	(Middle Initial) Sex: A M A F Birthdate ////////////////////////////////////		
Home Address	Apt # City Zip Code		
Mailing Address	Zip Code Student Lives With		
Parent/Legal Guardian Name:	Parent/Legal Guardian Name:		
Employer: Employer:			
Active Duty: Yes No Branch:	Active Duty: Yes No Branch:		
Phone: Cell U Home Work	Phone: Cell D Home D Work		
Phone: Cell Home Work	Phone: Cell D Home D Work		
E-mail Address:	E-mail:		
EMERGENCY CONTACTS: If student becomes ill or is injured at school contact and release my student to the custody of one of the following: Name			
	Relationship to Student Phone		
1			
If the student needs to be taken to an emergency facility, he/she will be taken to PLEASE NOTIFY THE SCHOOL OF ANY CHANGES TO PHONE NUMBERS			
Parent/Legal Guardian Signature			

INSURANCE INFORMATION:	My student has health insuran	ice: 🗆 No 🛛 Yes 🗳 Q	UEST Plan:		
Healthcare Provider:	Phone:				
	Phone:				
MEDICAL CONDITIONS:					
My student does not have	any medical conditions.				
My student has the following	ng medical conditions:				
AsthmaChronic Cough/WheezingHBlood DisordersDiabetes Type IH			Heart ConditionImage: Skin ProblemsHigh Blood PressureImage: Vision Problems		
□ ALLERGIES: □ Bee	Sting D Food D Medication				
For the above allergy(ie	es), reaction occurs by: 🛯 Skin (Contact 🛛 Inhalation 🗳 I	ngestion D Other_		
Date of last reaction: Describe the reaction that occurs:					
MEDICATIONS TAKE	·N•				
		Reason [.]			
			Reason:		
	NCERNS:				
		School		Grade	
1					
2					
3					
4					