

STUDENT EMERGENCY INFORMATION (2021-22)

Grade (you will be in) _____ Date _____

Student's Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____ M ___ F ___

Doctor's Name _____ Phone Number _____

Hospital _____ Insurance Company & Group # _____

List parent(s) or guardian contact information:

Name & Relationship _____ Daytime Phone # _____

Name & Relationship _____ Daytime Phone # _____

Person to be notified other than parent or guardian in an emergency:

Emergency Person _____ Daytime Phone # _____

In case of accident or serious illness, I authorize the school to contact directly the persons named on this form and do authorize the persons named on this form, and the named physician to render such treatment as may be deemed necessary in an emergency. If the school is unable to reach me or the person I designated on this card, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I will be responsible for filing all claims and paying all bills.

Signature of Mother, Father or Guardian _____ Date _____

Please check all that apply to you.

History of	Currently has
_____ High Blood Pressure	_____
_____ Sickle Cell Disease/Trait	_____
_____ Abnormal Bleeding	_____
_____ Diabetes	_____
_____ Hepatitis	_____
_____ Asthma	_____
_____ Seizures	_____
_____ Epilepsy	_____
_____ Wears Contacts	_____
_____ Wears Glasses	_____
_____ Allergic to Insect Bites	_____
_____ Heart Condition	_____

Other conditions _____

1. Do you presently take medications? Y N Please list _____

2. (a) Do you have allergies to medicine? Y N Please list _____

(b) Other allergies _____

3. List major surgeries _____

4. Date of last tetanus shot? _____