

Health Office - Student Emergency Reference Card – 20___/20___ School Year

Student _____ Grade _____ Teacher _____

Birth Date _____ Bus # _____ Home Phone _____

Allergies _____ Medications _____

Mailing Address _____
(Street) (Town) (Zip Code)

Mother/Guardian Name _____ Cell Phone # _____

Mother/Guardian Workplace _____ Work Phone # _____

Father/Guardian Name _____ Cell Phone # _____

Father/Guardian Workplace _____ Work Phone # _____

List any operations, illnesses, and inoculations that your child has had this year _____

Please contact the school if your child is absent. Each absence requires a note from you stating the reason why your child was absent. Thank you.

In the event that I (the parent or guardian) cannot be reached, I have arranged for the following people to assume temporary care of my child in the event of an emergency. The people should reside locally.

1. Name _____ Relationship _____

Phone # _____ Cell # _____

2. Name _____ Relationship _____

Phone # _____ Cell # _____

3. Name _____ Relationship _____

Phone # _____ Cell # _____

4. Name _____ Relationship _____

Phone # _____ Cell # _____

Local Physician's Name: _____ Phone # _____

Please be advised that the information in your child's health folder is confidential. Your permission is required to share ONLY information pertinent to your child's health with his or her teachers (for example, allergies, diabetes, asthma). By signing this form, you are granting your permission to have this information shared with the appropriate people.

In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I authorize the school to call the physician named above and follow his or her instructions. If it is impossible to contact this physician, the school may take whatever actions necessary.

Signature of Parent or Guardian

Date