

EMERGENCY INFORMATION CARD

Home Phone # _____

Student's Name _____

Student ID # _____

Student's Address _____

_____ IL _____
Street City State Zip

Date of Birth _____ Sex _____ Grade _____
Month Day Year

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

In case of illness or emergency, whom shall we call if parents cannot be contacted?
Please give daytime phone numbers.

Name _____
Phone # _____

Name _____
Phone # _____

Doctor of Choice _____
Phone # _____

Dentist of Choice _____
Phone # _____

Hospital of Choice _____
Phone # _____

Allergies: ___ Yes ___ No Medications: ___ Yes ___ No

In the event of an emergency, if you or your emergency contacts cannot be reached, and
in the judgment of school authorities medical attention is necessary, do you:

Authorize school authorities to seek emergency medical services for your child?
___ Yes ___ No

Signature of Parent or Guardian

Date

Please complete reverse side.

HEALTH OFFICE USE

Student's Name _____

Please note here any physical problems, handicaps or limitations that may have implications for the doctor treating the child OR that should be considered in the educational program.

Restrictions (if any):

Allergies: (Detail in writing):

Medications: (Detail in writing):
