

Student's Name _____
LAST FIRST MIDDLE

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Student may receive Tylenol - YES NO Student may receive Tums - YES NO

Student may receive Advil - YES NO

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

NAME

WORK PHONE

CELL PHONE

Mother / Guardian _____

Father / Guardian _____

LIST TWO INDIVIDUALS WHO WILL PICK UP YOUR CHILD IF YOU CANNOT BE REACHED:

Name _____ Home phone _____ Name _____ Home phone _____

Work phone _____ Cell phone _____ Work phone _____ Cell phone _____

Family Physician _____ Address _____ Telephone _____

★ **HEALTH INFORMATION:** List illnesses and allergies: _____

List all medications your child takes _____

IN THE EVENT PARENTS OR OTHER PERSONS NAMED ON THIS CARD CANNOT BE CONTACTED IN AN EMERGENCY, THE SCHOOL OFFICIALS ARE HEREBY AUTHORIZED TO TAKE WHATEVER ACTION IS DEEMED NECESSARY, IN THEIR JUDGMENT, FOR THE HEALTH OF THE CHILD.

INDICATE TYPE OF MEDICAL INSURANCE AND POLICY NUMBER BELOW:

Signature of Parent or Guardian

0430-2 (Revised 6/06)