STUDENT MEDICAL EMERGENCY CARD

Date _____
School _____
Teacher _____
Grade _____ — _____
Birthdate _____

Student's Name _____
Last First Middle

Address _____ Phone # _____

City _____ State _____ Zip Code _____

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

	Name	Home Address	Home Phone #
Mother	_____	_____	_____
Father	_____	_____	_____

	Business Address	Business Phone #
Mother _____	_____	_____
Father _____	_____	_____

Cell _____ Pager _____ E-mail _____

List two neighbors or nearby relatives who are preferably home during the day and will assume temporary care of your child if you can not be reached:

Name _____ Name _____
Address _____ Address _____
Phone # _____ Phone # _____

Family Physician _____ Phone # _____
Family Dentist _____ Phone # _____
Family Eye Doctor _____ Phone # _____
Emergency Hospital _____ Phone # _____

**** IMPORTANT - PLEASE COMPLETE REVERSE SIDE OF THIS CARD ****

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic health condition, etc. which your child may have.

_____

_____

Medications taken _____

Recent surgery (please specify) _____

Immunizations received within the past year _____

_____

I, (we), the undersigned do hereby authorize the staff of Holy Trinity Interparochial School to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of my child.

In the event physicians, other persons named on this card, or parents can not be contacted, the school staff are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of my child. I, (we), agree to be responsible for the costs of any emergency care, treatment and/or transportation; and I, (we), hereby release the district from liability pertaining to any such emergency care, treatment, and/or transportation.

_____ _____ _____ _____
Signature Parent/Guardian Date Signature Parent/Guardian Date