

2017-18 EMERGENCY CARD

STUDENT'S LAST NAME FIRST NAME BIRTH DATE

ADDRESS CITY ZIP HOME PHONE

STUDENTS SOCIAL SECURITY NUMBER: _____

MOTHER'S NAME

FATHER'S NAME

Mother's Address

Father's Address

MOM'S WORK PHONE

DAD'S WORK PHONE

MOM'S CELL PHONE

DAD'S CELL PHONE

EMAIL ADDRESS

EMAIL ADDRESS

CONTACT INFORMATION: If my child becomes ill at school, please notify the following, **IF PARENTS ARE NOT AVAILABLE:**

First: Name: Phone: Relationship

Second: Name: Phone: Relationship

_____ **YES** - My child may walk home alone after school.

_____ **NO** - My child can not walk home alone after school.

Names of persons (in addition to parents) authorized to pick up my child:

Name: Relationship

Name: Relationship

** In case of a serious accident or sudden serious illness and I cannot be reached, I hereby give the following permission(s):

A. Take my child to the emergency at: _____ (Name Hospital)

B. Call my physician: Name: _____

Physician's Address: _____ Phone: _____

CONFIDENTIAL HEALTH INFORMATION - My child has the following allergies and/or special health needs:

_____ ALLERGIES (VERY IMPORTANT) _____ Ear/Hearing _____ Asthma _____ Heart
_____ Eating _____ Physical Limitations _____ Bowel/Bladder _____ Emotional
_____ Skin Condition _____ Convulsions _____ Eye/Vision _____ Speech/Lang.
_____ Diabetes _____ Headaches _____ Other: _____

Please explain all that is checked: _____

Will your child be taking ANY medications at school? _____ YES _____ NO

If YES please fill out the Medication form. _____

_____ My child has no health concerns/issues.

** NO TREATMENT CAN BE GIVEN WITHOUT PERMISSION OF PARENTS OR GUARDIANS **

118.13

Pupil discrimination prohibited. (1) No person may be denied admission to any public school or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.