



MEDICAL EMERGENCY INFORMATION

PLEASE PRINT

Student Name _____
LAST FIRST MIDDLE

Address _____ Home Telephone _____

Where can parents be reached if not at home? _____ Birth Date _____

MOTHER: Address _____ Telephone _____

FATHER: Address _____ Telephone _____

Names of two relatives or neighbors who can be called in case of emergency. _____ Grade _____ Sport(s) _____

1. Name _____

Address _____ Telephone _____

2. Name _____

Address _____ Telephone _____

Family Physician _____ Telephone _____

Address _____ City _____

Insurance Company _____ Group # _____

Name of person on insurance card _____ Policy # _____

Known allergies _____ Blood Type _____

Date of last Tetanus shot _____

Chronic medical conditions (e.g. Diabetes, Asthma, etc.) _____

Medications: Current medications for above _____

In case of an injury or illness, considered to be an emergency involving my son/daughter,
(name) _____, when neither parent can be reached at the phone numbers
shown on this emergency card, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem
advisable for our child's comfort and well-being.

SIGNATURE OF PARENT DATE WITNESS