



# HEALTH ROOM EMERGENCY INFORMATION CARD

**PLEASE PRINT**

DATE: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

**Where can parents be reached if not at home?**

Home  
Tel.: \_\_\_\_\_

**Mother:**

\_\_\_\_\_ Name

Work  
Tel.: \_\_\_\_\_

\_\_\_\_\_ Address

Home  
Tel.: \_\_\_\_\_

**Father:**

\_\_\_\_\_ Name

Work  
Tel.: \_\_\_\_\_

\_\_\_\_\_ Address

**List three (3) friends, neighbors, or nearby relatives who will assume temporary care of your child if you cannot be reached:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

*In case of accident or serious illness, I request the school to contact me. If the school nurse is unable to reach me. I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.*

Signature of Parent or Guardian: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Other Conditions: \_\_\_\_\_  
\_\_\_\_\_

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Local Physician's Name \_\_\_\_\_

Address: \_\_\_\_\_

Office Tel.: \_\_\_\_\_ Other Tel.: \_\_\_\_\_

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Local Dentist's Name \_\_\_\_\_

Address: \_\_\_\_\_

Office Tel.: \_\_\_\_\_ Other Tel.: \_\_\_\_\_