<table>
<thead>
<tr>
<th><strong>Emergency Care Card</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Grade</strong></td>
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<tr>
<td>Student’s Name</td>
</tr>
<tr>
<td>Physical Address:</td>
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<tr>
<td>Mailing Address:</td>
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<tr>
<td>Home Phone:</td>
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<tr>
<td>Parent/Guardian</td>
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</tbody>
</table>

Rev 1/20

OVER
Emergency Care Card

Family Physician ________________________ Phone# ____________________ Dentist ________________________
Medications given at home (on a regular basis) _______________________________________________________

Please check any existing health conditions:

____ ADD/ADHD
____ Allergies (explain) __________________________________________________________
____ Asthma _______ Headaches/Migraines _______ Bee Sting Allergy
____ Uses Inhalers _______ Seizures _______ Swelling or redness
____ Uses Nebulizer _______ Speech Problems _______ Difficulty Breathing
____ Bleeding Problem _______ Vision Problems _______ Swelling of lips & eyes
____ Diabetes _______ Other Problems _______ Hives
____ Fainting Spells _______ Uses an EpiPen: ___ Yes ___ No
____ Hearing Problems _______
____ Heart Problems _______

Describe your child’s reaction: ____________________________________________________________

Please list all brothers & sisters living in the home:

Name                  Birth Date     School    Name                  Birth Date     School
______________________________________________        __________________________________________
Name                  Birth Date     School    Name                  Birth Date     School
______________________________________________        __________________________________________

I give permission for my child’s health information to be shared with appropriate school staff. Yes ___ No ___

PARENT/GUARDIAN SIGNATURE _______________________________ DATE _______________________