

Emergency Care Card

Family Physician _____ Dentist _____

Medications given at home (on a regular basis) _____

Please check any existing health conditions:

ADD/ADHD

Allergies (explain) _____

Asthma

Uses Inhalers

Uses Nebulizer

Bleeding Problem

Diabetes

Fainting Spells

Hearing Problems

Heart Problems

Headaches/Migraines

Seizures

Speech Problems

Vision Problems

Other Problems

Bee Sting Allergy

Swelling or redness

Difficulty Breathing

Swelling of lips& eyes

Hives

Describe your child's reaction:

Uses an EpiPen: Yes ___ No ___

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 _____

Home School _____ Emergency Care Card Grade _____ Teacher _____

Bus# _____ Age _____

Student's Name _____ Last _____ First _____ Initial _____ Date of Birth _____

Address _____ Home Phone _____ Cell Phone _____

City _____ Zip Code _____

Parent/Guardian _____ Employer _____ Phone# _____

Parent/Guardian _____ Employer _____ Phone# _____

List (2) neighbors or relatives who will assume temporary care of your child(ren) if you cannot be reached:

Name _____ Relationship _____ Address _____ Phone _____

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Please select Directory Information Status

- Y-Release Directory Information
- M-Release Directory Information to all but Military Recruiters (Option for juniors and seniors only)
- D-Do not release Directory Information (student will not be in yearbook or on honor roll lists.)

OVER