tudent's Name Last	First		Middle	
hysical Address:	Street		City	Zip
failing Address:		1000	City	Zip
	1.0.00			
arent/Guardian			Employer	Phone#
arent/Guardian			Employer	Phone#
ist (2) neighbors or t	relatives who wi	Il assume to	emporary care of your child	(ren) if you cannot be reached:
łame	Relationship	Address		Phone
lame	Relationship	Address		Phone
			OVER	
D - Do not release D N - Do not release Dir Y - OK to release Dir	rectory teformation to			
N - Do not release Dis	rectory teformation to			ard
N - Do not release Die Y - OK to release Do	rectory Information to	any of the abov	Emergency Care C	Dentist
N - Do not release Die Y - OK to release Do	rectory Information to	any of the abov	Emergency Care C	Dentist
N - De nat release Die V - OK to release Die V - OK to release Die Medications giver Please check any	n at home (on a existing health	any of the abov	Emergency Care C	Dentist
Family Physician Medications giver Please check any ADD/ADI	n at home (on a existing health	any of the abov	Emergency Care C	Dentist
Family Physician Medications giver Please check any ADD/ADI Allergies (	n at home (on a existing health	regular bas	Emergency Care C:  Phone#	Dentist
Family Physician Medications giver Please check any ADD/ADI Allergies ( Astma	n at home (on a existing health-[D] [explain)	regular bas	Emergency Care C.  Phones  Siss  Sisses  Headaches/Migraines	Dentist
Family Physician Medications giver Please check any ADD/AD! Allergies ( Asthma Uses	n at home (on a existing health-	regular bas	Emergency Care C.  Phone#	Bee Sting Allergy Swelling or redness
Family Physician Medications give Please check any ADD/AD Allergies Asthma Uses Uses	n at home (on a existing health-lib) linhalers Nebulizer	regular bas	Emergency Care Co	Dentist  Bee Sting Allergy Swelling or redness Difficulty Breathin
Family Physician Medications giver Please check any Allergies Asthma Uses Uses Bleeding	n at home (on a existing health-lib) linhalers Nebulizer	regular bas	Emergency Care C.  Phone#	Dentist  Ber Sting Allergy Swelling or reduces Difficulty Breathing Swelling of inox
Family Physician Medications given Please check ADD/ADI Altergies Asthma Uses Uses Bleeding Diabetes	n at home (on a existing health ID (explain) Inhalers Nebulizer Problem	regular bas	Emergency Care Co	Dentist  Bee Sting Allergy  Swelling or redness Difficulty Breathing Swelling of lips& Hives
Family Physician Medications give Please check any ADD/ADI Allergies Asthma Uses Sleeding Diabetes Fainting	n at home (on a existing health ID (explain) Inhalers Nebulizer Problem	regular bas	Emergency Care C.  Phone#	Dentist  Ber Sting Allergy Swelling or reduces Difficulty Breathin Swelling of fines.
Family Physician Medications gray ADD/AD Allergies (Asthma Uses Uses Bleeding Diabetes Fainting Hearing Hearing)	n at home (on a existing health-light place)  Inhalers  Nebulizer  Problem  Spells  Problems	regular bas	Emergency Care C.  Phone#	Bee Sting Allergy Swelling or redness Difficulty Breathin Section of Types Herein of Types Herein of Types
Family Physician Medications give Please check any ADD/ADI Allergies Asthma Uses Sleeding Diabetes Fainting	n at home (on a existing health-light place)  Inhalers  Nebulizer  Problem  Spells  Problems	regular bas	Emergency Care C.  Phone#	Bee Sting Allergy Swelling or redness Difficulty Breathin Swelling of these Hives Describe your child's react
Family Physician Medications gray ADD/AD Allergies (Asthma Uses Uses Bleeding Diabetes Fainting Hearing Hearing)	n at home (on a existing health ID [explain] [Inhalers Nebulizer Problem Spells Troblems belows	regular bas condition	Emergency Care C. Phone®  Phone®  H  H  H  H  H  H  H  H  H  H  H  H  H	Bee Sting Allergy Swelling or redness Difficulty Breathin Section of Types Herein of Types Herein of Types

I give permission for my child's health information to be shared with appropriate school staff, Yes \_\_\_\_ No \_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_ DATE\_\_\_\_

Birth Date School

Emergency Care Card

Grade\_\_\_\_Teacher\_\_\_\_

Birth Date School