

2009-2010 Emergency Procedure Card

(Please Print in Blue or Black Ink)

Grade _____

Pupil's Full Name _____ Date of Birth _____
Last First Middle

Home Address _____

Home Phone _____ Father's Cell # _____ Mother's Cell # _____

Father's Full Name _____ Employer _____ Work Phone _____

Mother's Name _____ Employer _____ Work Phone _____

Custody papers have been provided and are on file at the school. Yes No

The following individuals may NOT remove my child from the school. Name _____ Name _____

Family Physician _____ Address _____ Phone _____

If Emergency treatment is required can the school authorities use their own judgement in sending the child to the hospital or doctor most accessible before the parents are reached? Yes No

If "No" Name preferred Hospital _____ Preferred Physician _____

In my absence the following persons are authorized to act for me in the above respect in behalf of my child.

1. _____
Name Relationship Address Phone

In the event of a minor illness, may the school give your child:
Tylenol? Yes No Ibuprofen? Yes No
Mylanta? Yes No Cough Drops? Yes No

I give my permission for health information on this card to be shared with teachers and staff. Yes No

List anything about the physical health of the student that the school should know. _____

Does your child have an allergy to any foods, medications, insects, latex or other substances? Yes No

If yes, please list in detail. _____

Please check if the allergy is Severe Moderate Mild List symptoms: _____

What medications or treatment is used to treat the allergy? _____

Has your child ever had a severe "anaphylactic" reaction requiring emergency care? Yes No Most Recent Date: ____/____/____

Ambulance Service Yes No Name of Ambulance Service: _____ Phone Number: _____

Written Signature of Parent or Guardian