

## EMERGENCY CARE INFORMATION

Student's Name: 

|   |   |
|---|---|
| / | / |
|---|---|

 Preferred Name \_\_\_\_\_  
LastFirstFull Middle Name

Date of Birth: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_

Father's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Does your child have any known allergies or medical conditions (i.e. dust, drugs, plants, animals, foods, hyperactivity, ADD, etc.)?  
If yes, please indicate by child (be specific). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Hospital Preference: \_\_\_\_\_

If neither father or mother (or guardian) can be contacted, call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date Updated \_\_\_\_\_