

CO-CURRICULAR/EXTRA-CURRICULAR EMERGENCY MEDICAL CARD

Date \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Team/Organization/Activity \_\_\_\_\_

Student's Full Legal Name:

\_\_\_\_\_

First	Middle	Last
-------	--------	------

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Street	City	Zip
--------	------	-----

Student Lives With:

Father:     Natural     Step     Foster (please check one)

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother:     Natural     Step     Foster

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Persons \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact Persons \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone \_\_\_\_\_

Preferred Hospital:  
\_\_\_\_\_

Please identify any health concerns the school needs to know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Parent's Statement:

I accept responsibility for notifying the school of any changes in any of the above information. In the event of serious illness or accident and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate attention. I also assume responsibility for payments of the same. In case of an accident or illness where immediate treatment is not needed, but my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, I request that the emergency contact person listed above be contacted to care for my child until I can be reached.

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_