

Emergency Information Card

Student Information	
Student's Name	Birth Date
Address	Home Telephone
Physician's Name	Telephone
Dentist's Name	Telephone

Emergency Contact Information	
Person (s) who will care for your child and assume responsibility in case parents cannot be reached:	
Person 1, Name	Address
Phone Number:	
Person 2, Name	Address
Phone Number:	

Parent Information	
Father's Name:	Work Phone:
Email Address:	Cell Phone:
Mother's Name:	Work Phone:
Email Address:	Cell Phone:

Emergency Medical Treatment	
In the event that I cannot be reached by telephone, I authorize the school staff to obtain treatment for my child. I understand that in the event of a life-threatening condition, the staff of the nursery school, or the Rescue Squad that responds to the call, will transport my child to the nearest/best hospital. I further authorize, in the aforementioned life-threatening situation, the hospital to treat my child.	
Signature of Parent or Guardian	Date
Signature of Parent or Guardian	Date

Emergency Medical Information	
Drug Allergies:	
Special medical needs or comments:	