

Grade School Name

- Other children: _____
- List type: _____
- Needs special accommodations in the classroom or on school grounds
- Requires limited activities
- Complains of tightness in chest
- Hard time breathing when around smoke, dust, mold
- Cough/wheeze with "colds", colds last a long time
- Wakes up at night with coughing or trouble breathing
- Cough gets worse at night
- Cough with exercise or when playing hard
- Takes medications (LIST) _____
- Please check other health information about my child:
 - Asthma
 - Cancer/Leukemia
 - Chronic Cough/Wheezing
 - Hemophilia
 - Seizures
 - Heart Disease
 - Diabetes
 - Hearing Problem
 - Rheumatic Heart
 - Vision Problem
 - Sickle Cell Anemia
 - Other _____
- Allergies: Date of last reaction _____
- Allergy Bee Sting Food Medications Other: LIST _____
- Please check below:
 - Yes
 - No medical condition

• My child receives regular care for the following medical conditions:

My child has health insurance : Yes No

If YES, check: QUEST/Medicaid **OR** Private

If private, check your plan: HMO Kaiser Tri-Care Other

My child has school accident insurance ONLY.

Student Address Label

EMERGENCY CARD

(This card needs to be completed every school year)

Name _____ Sex: M F Birthdate

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(Last) (First) (Middle Initial) Month Day Year

School _____ Date _____

Grade _____ Room _____ Language Spoken at Home _____

Home Address _____ Apt. No. _____ Zip Code _____

Mailing Address _____ Zip Code _____ Home Phone _____

Father's/ Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ Pager No. _____	Mother's/ Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ Pager No. _____
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Child resides with _____

EMERGENCY CONTACTS In case child listed above becomes ill or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
Family Physician	_____	_____	Phone _____

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

 Parent's/Guardian's Signature

To assure prompt attention to your child, PLEASE NOTIFY SCHOOL OF ANY CHANGE IN PHONE NUMBER OR ADDRESS.