

**Emergency Care Card**

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Bus# \_\_\_\_\_ Age \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MiddlePhysical Address: \_\_\_\_\_  
Street City ZipMailing Address: \_\_\_\_\_  
P.O. Box City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Employer \_\_\_\_\_ Phone# \_\_\_\_\_

List (2) neighbors or relatives who will assume temporary care of your child(ren) if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**OVER**

Rev. 5/08

- M - Do not release Directory Info. to Military Recruiters (SR & JR only)  
 D - Do not release Directory Information to ACPS Directory  
 N - Do not release Directory Information to any of the above  
 Y - OK to release Directory Information

**Emergency Care Card**

Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_ Dentist \_\_\_\_\_

Medications given at home (on a regular basis) \_\_\_\_\_

**Please check any existing health conditions:** ADD/ADHD**Allergies (explain)** Asthma Uses Inhalers Uses Nebulizer Bleeding Problem Diabetes Fainting Spells Hearing Problems Heart Problems Headaches/Migraines Seizures Speech Problems Vision Problems Other Problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bee Sting Allergy** Swelling or redness Difficulty Breathing Swelling of lips& eyes Hives

Describe your child's reaction: \_\_\_\_\_

\_\_\_\_\_

Uses an EpiPen:  Yes  No**Please list all brothers & sisters living in the home:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

I give permission for my child's health information to be shared with appropriate school staff. Yes \_\_\_\_\_ No \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_