

# Emergency Procedure Card

Pupil's Name \_\_\_\_\_

Last

Middle

First

Grade \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

Name of Father/Guardian \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_

If Parents Cannot Be Reached, Call:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Number of Brothers and Sisters in This School \_\_\_\_\_ Grades \_\_\_\_\_

Doctor Choice \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Choice \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Special Health Conditions, If Any

\_\_\_\_\_

\_\_\_\_\_

If you and the physician of your choice cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician, being aware that you are responsible for any charges incurred. YES NO

Date \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

OPTIONAL: Is either parent/guardian a member of a branch of the armed forces of the U.S. deployed to active duty during the school year? YES NO