EMERGENCY PROCEDURE CAR	D Staff Verifica	ation Signature/Date	
CHILD'S NAME:		TEACHER	
		GENDER: F OR M	
		DATE OF BIRTH	
DIRECTIONS TO HOME			
		CAL CARD (CHILD)	
ATHER'S WORK PLACE/ADDRESS		HOME PHONE WORK PHONE	
) MOTHER'S NAME		HOME PHONE	
MOTHER'S WORK PLACE/ADDRESS		WORK PHONE	
STUDENT'S DOCTOR	ADDRESS	PHONE_	
TUDENT'S DENTIST	ADDRESS	PHONEPHONE	
JIST ALLREGIES		(0)	
AEDICATION TAKEN AT SCHOOL AND/O	R AT HOME WITH TIME		
TEPS TO TAKE FOR ABOVE CONDITION	S		
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DIADETEC CEIZIDEC ACTIMA CA	OLLOWING CONDI	TIONS THAT APPLY TO YOUR CHILITING ALLERGY HEART GLASSES OTHER	
EMERGENCY PROCEDURE CARE CHILD'S NAME:		tion Signature/Date	
		GENDER: F OR M	
OME PHONE		DATE OF BIRTH	
IRECTIONS TO HOME			
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ATHER'S WORK PLACE/ADDRESS_	WC	ORK PHONE	
MOTHER'S NAME	HO	HOME PHONE WORK PHONE HOME PHONE WORK PHONE	
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TUDENT'S DENTIST	ADDRESS	PHONEPHONE	
ST ALLREGIES			
EDICATION TAKEN AT SCHOOL AND/OF	AT HOME WITH TIME	S)	
TEPS TO TAKE FOR ABOVE CONDITIONS			

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS THAT APPLY TO YOUR CHILD DIABETES SEIZURES ASTHMA CYSTIC FIBROSIS BEE STING ALLERGY HEART GLASSES OTHER

(PERSON'S NAME) RELATIONSHIP TO STUDENT	(ADDRESS)	PHONE
(PERSON'S NAME) RELATIONSHIP TO STUDENT	(ADDRESS)	PHONE
PERSON'S NAME) RELATIONSHIP TO STUDENT	(ADDRESS)	PHONE
PERSON'S NAME) RELATIONSHIP TO STUDENT	(ADDRESS)	PHONE
ETHORIZE SCHOOL AUTHORITI ERMISSION FOR THE INFORMAT ROVIDING EMERGENCY TREATI IGNATURE OF PARENT/GUARDIA	ES TO HAVE MY CHILD TO NOT THE CARD TO BE MENT:	A PARENT OR GUARDIAN IN AN EMERGENCY, I HEREB TRANSPORTED FOR EMERGENCY TREATMENT AND GIVE E RELEASED TO THE MEDICAL FACILITY AND PHYSICIA DATE
NAME OF DAYCARE PROVI	DER (if applicable):	
CUSTODIAL ALERT GUARDI	AN IS:	
CUSTODIAL ALERT GUARDI	TACTS: NAMES & ADDR	RESSES (<u>ADDRESSES ARE REQUIRED FOR EACH PERSO</u>
CUSTODIAL ALERT GUARDI CICK UP AND EMERGENCY CON CERSON'S NAME) CELATIONSHIP TO STUDENT CERSON'S NAME)	TACTS: NAMES & ADDR	RESSES (ADDRESSES ARE REQUIRED FOR EACH PERSO
CUSTODIAL ALERT GUARDI CICK UP AND EMERGENCY CON PERSON'S NAME) PERSON'S NAME) PELATIONSHIP TO STUDENT PERSON'S NAME) PERSON'S NAME)	TACTS: NAMES & ADDR (ADDRESS)	RESSES (ADDRESSES ARE REQUIRED FOR EACH PERSO PHONE
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