

**EMERGENCY PROCEDURE CARD**

Staff Verification Signature/Date \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ TEACHER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ GENDER: F OR M

HOME PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DIRECTIONS TO HOME \_\_\_\_\_

INSURANCE NO. \_\_\_\_\_ MEDICAID/MEDICAL CARD (CHILD) \_\_\_\_\_

( ) FATHER'S NAME _____	HOME PHONE _____
FATHER'S WORK PLACE/ADDRESS _____	WORK PHONE _____
( ) MOTHER'S NAME _____	HOME PHONE _____
MOTHER'S WORK PLACE/ADDRESS _____	WORK PHONE _____

STUDENT'S DOCTOR _____	ADDRESS _____	PHONE _____
STUDENT'S DENTIST _____	ADDRESS _____	PHONE _____

LIST ALLREGIES \_\_\_\_\_  
 MEDICATION TAKEN AT SCHOOL AND/OR AT HOME WITH TIME(S) \_\_\_\_\_  
 HANDICAP OR SERIOUS DISEASES: \_\_\_\_\_  
 STEPS 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

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**PICK UP AND EMERGENCY CONTACTS: NAMES & ADDRESSES (ADDRESSES ARE REQUIRED FOR EACH PERSON)**

\_\_\_\_\_  
(PERSON'S NAME) (ADDRESS) \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
(PERSON'S NAME) (ADDRESS) \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
(PERSON'S NAME) (ADDRESS) \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
(PERSON'S NAME) (ADDRESS) \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

IN THE EVENT THAT THE SCHOOL IS UNABLE TO LOCATE A PARENT OR GUARDIAN IN AN EMERGENCY, I HEREBY AUTHORIZE SCHOOL AUTHORITIES TO HAVE MY CHILD TRANSPORTED FOR EMERGENCY TREATMENT AND GIVE PERMISSION FOR THE INFORMATION ON THIS CARD TO BE RELEASED TO THE MEDICAL FACILITY AND PHYSICIAN PROVIDING EMERGENCY TREATMENT:

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

NAME OF DAYCARE PROVIDER (if applicable): \_\_\_\_\_

CUSTODIAL ALERT GUARDIAN IS: \_\_\_\_\_

**PICK UP AND EMERGENCY CONTACTS: NAMES & ADDRESSES (ADDRESSES ARE REQUIRED FOR EACH PERSON)**

\_\_\_\_\_  
(PERSON'S NAME) (ADDRESS) \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
(PERSON'S NAME) (ADDRESS) \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
(PERSON'S NAME) (ADDRESS) \_\_\_\_\_  
RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
(PERSON'S NAME) (ADDRESS) \_\_\_\_\_  
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