

# EMERGENCY CARD

(This card needs to be completed every school year).

School \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Name \_\_\_\_\_ Sex: M  F  Birthdate \_\_\_\_\_  
(Last) (First) (Middle Initial) Month Day Year

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Not Homeless  Homeless\* Child resides with \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's/ Guardian's Name _____	Mother's/ Guardian's Name _____
Employer _____	Employer _____
Home Phone _____ Bus. Phone _____	Home Phone _____ Bus. Phone _____
Cellular Phone _____	Cellular Phone _____
E-mail Address _____	E-mail Address _____

**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 \_\_\_\_\_ Dentist \_\_\_\_\_ 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

**(Please Complete Other Side of Card)**

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

\* "Homeless" means individuals who lack a fixed, regular and adequate nighttime residence (within the meaning of section 42 USCS §11302(a)(1)) and includes:

- (i) children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 42 USCS §11302(a)(2)(C));
- (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle.

If you have any questions regarding the above, please call 1-866-927-7095.

My child has health insurance:  Yes  No  
 If YES, check:  QUEST/Medicaid **OR**  Private  
 If private, check your plan:  HMSA  Kaiser  Tri-Care  Other

Student Address Label

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

No medical condition

Yes. **Please check below:**

- Asthma  Diabetes  Heart Disease  Sickle Cell Anemia
- Cancer/Leukemia  Hearing Problem  Rheumatic Heart  Vision Problem
- Chronic Cough/Wheezing  Hemophilia  Seizures
- Allergy  Bee Sting  Food  Medications
- Allergies: Date of last reaction \_\_\_\_\_
- Other Health Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Takes medications (LIST) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Other children:	Name	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Notes:**