

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grade

School

Name

• Other children: \_\_\_\_\_

List type:

- Needs special accommodations in the classroom or on school grounds
- Requires limited activities
- Complains of tightness in chest
- Difficulty breathing when around smoke, dust, mold
- Coughs/wheezes with "colds"; colds last a long time
- Wakes up at night with coughing or breathing problems
- Coughs get worse at night
- Coughs when exercising or when playing hard
- Takes medications (LIST) \_\_\_\_\_

• Other health information about my child: **Please check below:**

- Chronic Cough/Wheezing
- Cancer/Leukemia
- Asthma
- Diabetes
- Heart Disease
- Sickle Cell Anemia
- Hearing Problem
- Rheumatic Heart
- Vision Problem
- Other \_\_\_\_\_
- Hemophilia
- Seizures

Allergies: Date of last reaction \_\_\_\_\_

- Yes, **Please check below:**
- No medical condition
- Allergy  Bee Sting  Food  Medications  Other: LIST \_\_\_\_\_

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

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

Student Address Label

## EMERGENCY CARD

(This card needs to be completed every school year)

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

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

Name \_\_\_\_\_ Sex: M  F  Birthdate 

Month	Day	Year							

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

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's/ Guardian's Name _____ SS# _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ Pager No. _____	Mother's/ Guardian's Name _____ SS# _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ Pager No. _____
---	---

Child resides with \_\_\_\_\_

**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 _____	

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

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