Student Emergency Contact Card

Picture Required

First Name Last Name M/F Date of birth

Address telephone number

Doctor's name and telephone number

Allergies or chronic medical conditions (if yes, a care plan is required)

In case of an emergency, please call persons listed in order:

Name and telephone number(s) Mother/ primary guardian

Name and telephone number(s) Father/ primary guardian

Required:

I, _____ authorize _____ to obtain medical care for
Parent name Program name

my child in the event of an emergency and I cannot be located immediately.

Parents signature Date

Parents signature Date

Director's initials: _____ Date received: _____

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