

STUDENT HEALTH AND EMERGENCY CARD

NAME _____ BIRTHDATE _____ GENDER _____ GRADE _____
(Full Legal Name)

STUDENT LIVES WITH _____ RELATIONSHIP _____

MAILING ADDRESS _____ TOWN _____ ZIP _____

FATHER _____ MOTHER _____

ADDRESS _____ ADDRESS _____

HOME# _____ CELL# _____ HOME# _____ CELL# _____

WORK # _____ WORK# _____

EMERGENCY NUMBERS:

NAME _____ PHONE# _____

NAME _____ PHONE# _____

NAME _____ PHONE# _____

2019/2020

(Please Complete Reverse Side)

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2019/2020

(Please Complete Reverse Side)

NAME _____

(Print Legal Name)

If any of the numbers listed on the front of this card cannot be reached in case of an emergency, I give my permission to contact the following doctors and/or dentist and to allow emergency treatment at the hospital if necessary. If none of these are available, I give my permission to call one who is.

Doctor (1) _____ Doctor (2) _____

Hospital _____ Dentist _____

Parent/Guardian Signature _____

Please list any illnesses, allergies, or medications that the school should be aware of:

NAME _____

(Print Legal Name)

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