

2011-2012 (front of 2 sided form)
EMERGENCY MEDICAL CARD

Student Name: _____ Birthdate: _____ Grade: _____
Last Name First Name M.I.

Parents/Guardians: _____

Mailing Address: _____

Home Phone: _____ Cell (Mother): _____ Cell (Father): _____

Father's Place of Employment,
Address, Phone: _____

Mother's Place of Employment,
Address, Phone: _____

Insurance Company: _____ **Policy #:** _____

Contact (if parent not available): _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

OVER

HEALTH INFORMATION

Family Doctor/Clinic: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

Allergies (food, medication, insect bites, etc.): _____

History of significant or recurring injuries (broken bones, concussions, sore wrists, ankles, etc):

Health Conditions: _____

Medications currently taking: _____

Do you wear contact lenses? _____