

FAMILY EMERGENCY MEDICAL CARD
PLEASE PRINT OR TYPE

School Year: _____

List all applicable students in your family.

Student's Name(s)

(Last)	(First)	(Middle)	Grade	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Address _____

Parents'/Guardians' Names _____

Home Phone # (_____) _____ Mother's Work # (_____) _____

Father's Work # (_____) _____ Mother's Cell # (_____) _____

Father's Cell # (_____) _____

Family Doctor _____ Doctor's Phone # (_____) _____

Health Insurance Provider _____ Policy # _____ ID# _____

List any allergies that your child has: _____

List any medical conditions of which your child should be aware: _____

List medications that your student takes on a regular basis: _____

Is your child under the care of a doctor? If so, for what reason? _____

Remarks: _____

Please list the names of 2 people that have your permission to pick up your child/ren and/or be phoned if you are not available in an **Emergency Situation**. Please indicate home, work, and cell phone numbers.

Name _____	Home Phone # (_____) _____
Work Phone # (_____) _____	Cell Phone # (_____) _____
Address _____	

Name _____	Home Phone # (_____) _____
Work Phone # (_____) _____	Cell Phone # (_____) _____
Address _____	

School Emergency Procedures: In case of emergency and/or need of **IMMEDIATE** medical or hospital care:

1. The school will call 911 for obvious injuries/medical conditions requiring immediate medical care. (If transported to the hospital, the student will be escorted by an HCA staff member unless otherwise agreed upon by the parents/staff.)
2. The school will attempt to contact the parents/guardians until they are reached.

If I cannot be reached and the school administration have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

(Parent(s)/Guardian(s) Signature(s))

Date