Hiland Preschool
Emergency Card

School Year 20____- 20____

Sex ___ M ___ F Birth Date ____/____/20____ Class _____

Student's Name _____ Home Phone ( ) _____
Last First M.I. (include area code)

Address _____
Number Street City/Post Office Zip Code

Child lives with: ☐ both parents ☐ Father ☐ Mother Other (specify): _____

Father/Step-Father/Guardian _____
(please circle one)
Home Phone ( ) _____ Email _____

Pager ( ) _____ Cell ( ) _____

Employer _____ Phone ( ) _____ ext. _____

Mother/Step-Mother/Guardian _____
(please circle one)
Home Phone ( ) _____ Email _____

Pager ( ) _____ Cell ( ) _____

Employer _____ Phone ( ) _____ ext. _____

Every effort will be made to contact the parent/guardian in case of emergency. Please list two persons who could arrange transportation and care.

Relative or Friend _____ Phone ( ) _____

Relative or Friend _____ Phone ( ) _____

***COMPLETE BOTH SIDES OF CARD**

Current medical conditions: _____

Asthma: Yes _____ No _____ Asthma Medications: _____

Severe Bee Sting Reaction: Yes _____ No _____ Requires Epi-Pen: Yes _____ No _____

Allergies (food, drug, other): _____

_____

Medication student currently takes: school: _____

Home: _____

Information may be shared with appropriate school personnel.

Family Physician _____ Phone ( ) _____

Family Dentist _____ Phone ( ) _____

If my child needs immediate medical attention and the teacher is unable to contact the parent, you have my permission to take my child to the emergency room of a local hospital for treatment.

Hospital Preference: _____

Primary Care Doctor: _____ Phone ( ) _____

Date: ____/____/20____ **Parent's Signature** _____

Revised Summer 2006