

**Emergency Medical Card**

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent's Telephone#:**        Home                      Work                      Cell

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**List all allergies student may have:** \_\_\_\_\_

\_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

The student is allergic to:     peanuts/peanut oil;     bee stings;     Other: \_\_\_\_\_

Does this student carry an epinephrine pen?     Yes     No

**Physician's Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Emergency Contact Numbers**

**Nearest Relative:**

	<u>Name</u>	<u>Home</u>	<u>Work</u>	<u>Cell</u>
	_____	_____	_____	_____

**Friend:** \_\_\_\_\_

**The following people have permission to pick my child up from school:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

\_\_\_\_\_  
**Parent Name - Print**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**