



Emergency Card Information

Student Information

Students Full Name: _____ Date of Birth: _____
Last First M.I.

Home Address: _____

REMINDER: This emergency card information is for the educator’s first aid kit. The educator must take first aid materials when leaving the home premises.

Instructions to Reach Parent of Guardian

Parent #1 Name: _____

Parent #1 Address: _____

Parent #1 Cell Phone: _____

Parent #1 Home/Work Phone: _____

Parent #2 Name: _____

Parent #2 Address: _____

Parent #2 Cell Phone: _____

Parent #2 Home/Work Phone: _____

Contact Information for Physician/Health Care Professional

Physician’s Name? _____

Physician’s Address? _____

Physician’s Phone Number? _____

Emergency Contact Person(s)

Name #1, Cell Phone, Work/Home Phone & Address? _____

Name #2, Cell Phone, Work/Home Phone & Address? _____

Emergency Medical Treatment

I hereby give _____ permission to administer basic first aid and/or
(Name of Educator/School)

CPR to my child _____ and/ or take my child to a hospital for medical
(Name of Child)

treatment when I cannot be reached or when delay would be dangerous to my child's health.

Print Parents Name: _____ Date: _____
First *Last*

Parent Signature: _____

Medical Insurance Information (Optional)

Subscribers Name? _____

Type of Insurance: _____

Policy Number: _____

Other pertinent medical information? _____

You may attach a copy of your insurance card to this form ()

Parent Name & Signature

Print Name: _____ Date: _____
Last *First*

Signature: _____