



# Student Emergency Card

### Student Information

Name of Child: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

Home Phone Number: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Do you need communication in a language other than English?

- No  Yes  
 Spanish  French  Portuguese  Haitian Creole  Vietnamese

### Physician Information

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Currently Under Physician's Care?  No  Yes

Insurance: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

List Diagnosis(s): \_\_\_\_\_

List all allergies: \_\_\_\_\_

List all medical equipment: \_\_\_\_\_

List any behavior issues: \_\_\_\_\_

Mobility:  Non-Mobile  Crawls/Creeps  Walks  Wheelchair

Feeding:  Bottle  Sippy Cup  Drinks from cup  Finger Feeds  
 Independent feeding (with fork/spoon)  Needs assistance to eat

Communication:  Non-Verbal  Speaks few words  Speaks in sentences  Signs  
 Augmentative communication Device

- Y N Does the child have an epi-pen (circle one)?  
Y N Does the child have a latex allergy (circle one)?  
Y N Has the child ever had a seizure (circle one)?  
If yes, how frequent? \_\_\_\_\_  
If yes, when did it last occur? \_\_\_\_\_  
Date

Y N If yes, does the child have a Diastat delivery system (circle one)?



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## Parent/ Guardian Information

### Mother/Guardian

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Okay to pick up?    Y    N

### Father/Guardian

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Okay to pick up?    Y    N

### Emergency Contact

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Okay to pick up?    Y    N

### Who else is authorized to pick up your child

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_