UCP of Central Florida

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: _____