

SCHOOL DISTRICT U-46
EMERGENCY CARD
 (Please Print)

MEDICAL ALERT
 See Below

ID Number _____

Student Name _____ M _____ Grade _____
(Last) (First)

F _____ Teacher _____

Date of Birth _____ Previous School _____

Address _____ Apt. # _____ City _____ Zip _____

Home Phone (_____) _____ Preferred language for mail: English Spanish

Resides with (circle one): Mother and Father Mother Father Other _____
(Foster, Guardian, Step)

Mother's Name _____	Father's Name _____
Mother's Work Phone (_____) _____	Father's Work Phone (_____) _____
Mother's Work Place _____	Father's Work Place _____
Mother's Cell Phone/Page (_____) _____	Father's Cell Phone/Page (_____) _____
Mother's Email _____	Father's Email _____

Emergency Phone Numbers: Relative/neighbor/friend who can pick up student at school, if parent cannot be reached.
 (At least one contact person must be listed.)

1. Name _____	Relation _____	Phone (_____) _____
2. Name _____	Relation _____	Phone (_____) _____

Auxiliary information: Name _____ Relation _____
(School reports also go to)
 Address _____

HEALTH CONCERNS (i.e., allergies, asthma, seizures, diabetes) _____

Does the student routinely take medications? Yes No At home At school*
(*Specific requirements exist for medication taken at school. Refer to Handbook or call school for information.)

Does the student wear glasses? Yes No Contact Lenses? Yes No Hearing Aid? Yes No

Is there other information about this student that would be useful for the school personnel to know?

 (Principal, teachers, nurses, building secretary, etc.) i.e., proof of order of protection

I UNDERSTAND THAT IF EMERGENCY TRANSPORT TO THE HOSPITAL IS NECESSARY, IT WILL BE TO THE NEAREST HOSPITAL AND AT MY EXPENSE.

DATE _____ SIGNATURE _____
(Parent/Legal Guardian)