

EMERGENCY FILE CARD

(Student's Name) _____ (Age) _____ (Date of Birth) _____

(Doctor Preference) _____ (Doctor's Phone No.) _____ (Hospital Preference) _____

(Parents' Health Insurance Carrier) (Optional) _____ (Identification No.) _____

Any special medical problems/drug allergies _____

_____ Last tetanus toxoid _____

_____ Home Phone _____

1. _____ Work Phone _____

_____ Home Phone _____

2. _____ Work Phone _____

(Name and phone number to call in case parent cannot be reached.)

PERMISSION FOR MEDICAL SERVICES

I hereby give my consent for the student listed above to receive medical services as necessary as determined by a doctor or hospital staff member when deemed necessary in a school-sponsored activity. (This form is to be used only when the parent or legal guardian is not present and cannot be contacted.)

Student signature

Parent/legal guardian signature