



Emergency Card

Student Name/Grade: _____

DOB: _____ Sex: M F Birthplace: _____

Wears Glasses: Y N Wears Contacts: Y N

Health Insurance/Medical Number: _____

Doctor's Name/Telephone: _____

Dentist's Name/Telephone: _____

Medications: _____

Medical Conditions:

Asthma Diabetes Other: _____

Seizure Nose Bleeds

Peanut Allergy Ear Infections

Mother: _____ Call 1st or 2nd _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____ Hours of Employment: _____

Father: _____ Call 1st or 2nd _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____ Hours of Employment: _____

3rd Party Emergency Contact not residing in the home.

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____ Hours of Employment: _____

Student Pick-Up/Emergency Care Information

Guardian MUST Present Valid Identification

Name: _____ Relationship: _____ Cell: _____

Name: _____ Relationship: _____ Cell: _____

Name: _____ Relationship: _____ Cell: _____

Disaster/Earthquake Release Information

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

was/were Release to _____

On _____ at _____

Date: _____

Time: _____

Child/Children was/were taken to _____

Address: _____ Telephone: _____

School Official Releasing the Student/Students _____

Signature

The Good Shepherd Academy does not assume responsibility for payment of a physician or emergency treatment. In case of an emergency, I give The Academy of the Good Shepherd permission to have my child receive medical attention which may include calling 911 and accompanying the child to the hospital.

Mother's Signature

Date

Father's Signature

Date