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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Emergency Card 20\_\_\_\_ | | | | | | | | | | |
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|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth Grade | | | | | Sex | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code Email | | |  | City, ST ZIP Code Email | | | | | | |
|  | | |  |  | | | | | | |
| Alternative Emergency Contacts | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Secondary Emergency Contact | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
|  | | |  |  | | | | | | |
| Medical Information | | | | | | | | | | |
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|  | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Physician’s Name | | | | |  | Phone Number | | | | |
|  | | | | |  |  | | | | |
| Insurance Company | | | | |  | Policy Number | | | | |
|  | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | |
| Is your child currently taking any medications? Explain Have Epi-Pen? | | | | | | | | | | |
|  | | | | | | | | | | |
| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I hereby authorize medical care and agree to pay all expenses incurred by the handling of this emergency care. I further acknowledge by signature that the information provided on this card may be shared with those persons identified by the school who require this information to care for the health, safety and/or education of my child.  I give permission for: 1.My child to go on field trips. I release BMS individuals from liability in case of accident during activities as long as normal safety procedures have been taken. 2. Photographs taken of my child. 3. My child having a nutritious lunch provided by me. 4. I give permission for staff to apply sunscreen provided by me on my child. 5. I give permission for staff to apply diaper cream provided by me on my toddler child. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |
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