

# STUDENT EMERGENCY CARD

12/07

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Mother's name & phone \_\_\_\_\_ Father's name & phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy \_\_\_\_\_

Will your child bring medication (prescription or over-the-counter)? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify:

Name of medication	physician	dosage/frequency	Instructions

Please provide other health information which would help us meet the needs of your child. Include such conditions as: allergies, diabetes, eye or ear problems, heart conditions, seizure disorders, orthopedic conditions, any specialized health care needs, dietary restrictions: \_\_\_\_\_

Date of physical exam \_\_\_\_\_ Date of last tetanus-diphtheria immunization \_\_\_\_\_

All medication brought by your child will be self-carried, self-administered and must meet the following criteria:

**Prescription medication:** must have current prescription label properly affixed to the medication in question. The label must contain the name of the student, name of drug, dosage, frequency of administration, diagnosis and physician's name.

**Over-the-counter medication:** must be in the original bottle. Place child's name on bottle.

Preferred hospital: \_\_\_\_\_

## CONSENT TO OBTAIN EMERGENCY CARE FOR A MINOR

This form will be presented to the appropriate medical facility if your child is in need of urgent medical treatment in your absence. Please note that despite this form, we will attempt to contact you in the event your child needs care.

Pursuant to sections 431.061-.063 of the Missouri Revised Statutes, the undersigned, being the parents/guardians of \_\_\_\_\_ do hereby expressly authorize the bearer of this form, who is responsible for the care and custody of their child during their absence, to consent to any and all urgent medical treatment as he or she deems appropriate.

The undersigned hereby expressly agrees to pay for all such care and treatment on behalf of their child.

\_\_\_\_\_  
Parent/Guardian signature Date

\_\_\_\_\_  
Parent/Guardian signature Date