CHILD EMERGENCY CARD

Please complete this form that will accompany your child on field trips or in case of emergency. This information is necessary should we need to contact you while we are away from the program location or your child experiences an emergency while in our care. The information on this form is considered confidential.

STUDENT INFORMATION

Student Name:

Address:

Date of Birth | Gender: Female ☐ Male ☐

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #: | Emergency Phone #:

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information included on your registration form.

Allergies:

Conditions requiring special consideration (please include medical conditions, limitations, special needs, etc.)

Does your student require: (A) **Epipen** Yes ☐ No ☐ (B) **Inhaler** Yes ☐ No ☐ (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

Please list those individuals who should be contacted in case of emergency.

Primary contact name: | Relationship to student:

Phone #: | Work Phone #: | Cell Phone #:

Secondary contact name: | Relationship to student:

Phone #: | Work Phone #: | Cell Phone #:

Individuals Authorized to Pick Up in Case of Illness/Emergency (must show photo identification upon arrival):

Are there any individuals who may not pick up your child?
Yes ☐ No ☐ If yes, please list those individuals:

Student's Physician: | Phone #:

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff of the Wilson County Schools Extended Schools Program. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child in the case of emergency.

HEALTH INSURANCE INFORMATION:

Company Name: | Policy #: | Group #:

Parent/Guardian Name: | Date:

(PLEASE PRINT)

Parent/Guardian Signature: