Emergency and Medical Information Card

Child's Name: _____ Date: _____

Home Address: _____
Street City State Zip

Mailing Address if different _____

Email Address – Primary _____ Secondary: _____

Phone: _____ Student Date of Birth: _____ Gender: male female

Parents' Marital Status: _____ Student Resides With: _____

Mother or Guardian
Name:_____
Address if different:
_____
Street City State Zip
Home Phone:_____ Cell Phone:_____
Employer Name:_____
Work Phone:_____
Signature:_____

Father or Guardian
Name:_____
Address if different:
_____
Street City State Zip
Home Phone:_____ Cell Phone:_____
Employer Name:_____
Work Phone:_____
Signature:_____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

Does your child have insurance coverage? **No** **Yes** Name of Insurance Company_____(Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child. Please list anyone who may be routinely picking up your child here as well.

Name: _____ Name: _____

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Telephone: _____ Cell phone: _____ Telephone: _____ Cell Phone: _____

Name: _____ Name: _____

Telephone: _____ Cell phone: _____ Telephone: _____ Cell Phone: _____

The following person(s) may **not** remove my child from the school:
Name: _____ Name:_____

Custody papers have been provided and are on file at the facility. yes no

This **Emergency Information and Medical Information Card** is accurate and complete, front and back, and was provided by:

_____**Date: _____**
Parent or Guardian printed name Signature

Medical Information:

Is child allergic to food or other substances? **No Yes** (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____
_____

Is child usually susceptible to infections and if so, what precautions need to be taken? **No Yes** _____
_____
_____

Is child subject to convulsions and what should be our procedure if one occurs? **No Yes** _____
_____
_____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? **No Yes** _____
_____
_____

In the event your child may need over-the-counter medicine, do you consent to the staff at MCS administering it? No Yes
Please check all that applies: Tylenol_____ Ibuprofen_____ Cold Medicine_____ Allergy Medicine_____
TUMS_____ Midol (female only)_____

Additional comments: _____
_____

Other special instructions: _____
_____

Please include any supporting documentation on treating your child's specific health concerns.