

SCHOOL DISTRICT OF MELROSE-MINDORO - EMERGENCY CARD

To provide a sound health and safety program and to prevent delays in your child's care in case of injury or illness, parents are requested to provide the following information:

Student's Name _____
Last First MI Birthdate Sex

Home Address _____ Home Phone No. _____

Parent(s)/Guardian(s) Name(s) _____

Father's Workplace _____ Work Phone No. _____

Mother's Workplace _____ Work Phone No. _____

Child Care Provider _____ Phone No. _____

Neighbors or relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Phone No. _____

Name _____ Phone No. _____

Family Dentist _____ Phone No. _____

Family Physician _____ Phone No. _____

Hospital Preference _____ Phone No. _____

Medical Conditions _____

Medications _____

Allergies _____

The above information may be shared as necessary.

Our child may receive Tylenol at school. Yes _____ No _____

In case of serious illness or injury and the school is unable to contact us, we authorize the school to call the physician indicated and follow his instruction. If the school cannot contact the physician above, the school may make whatever arrangements that seem necessary. The school district is not responsible for any medical expenses incurred on behalf of the student.

Parent's Signature _____ Date _____

Please initial below your child's current grade, indicating you have reviewed all information and found it to be correct. Please indicate changes in red.

K	1	2	3	4	5	6	7	8	9	10	11	12
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

NOTE: It is the responsibility of the parent/guardian to notify the school whenever any of this information changes.