

EMERGENCY FILE CARD

_____	_____	_____
Student's Name	Age	Date of Birth
_____	_____	_____
Doctor Preference	Doctor's Phone No.	Hospital Preference
Any special medical problems/drug allergies: _____		
	Last tetanus toxoid	_____
_____	_____	_____
Emergency Contact 1	Home Phone	Work Phone
_____	_____	_____
Emergency Contact 2	Home Phone	Work Phone
_____	_____	_____

Name and phone number to call in case the parent cannot be reached.

PERMISSION FOR MEDICAL SERVICES

I hereby give my consent for the student listed above to receive medical services as necessary as determined by a doctor or hospital staff member when deemed necessary in a school-sponsored activity. (This form is to be used only when the parent or legal guardian is not present and cannot be contacted.)

Student Signature

Parent/Legal Guardian Signature