

## STUDENT EMERGENCY CARD

Please complete the following information and return to the school

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Physician Name: \_\_\_\_\_

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any other chronic condition: \_\_\_\_\_  
\_\_\_\_\_

Medication taken on a regular basis: \_\_\_\_\_

List special dietary needs: \_\_\_\_\_

Please list names of designated adults who will assume responsibility and transportation if parent is unavailable: **(Local individuals only other than parents)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Do you give UPELC staff permission to share health information about your child to the people you have listed as your emergency contacts? \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_