

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)**

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: _____