

FAMILY EMERGENCY MEDICAL CARD
PLEASE PRINT OR TYPE

School Year: _____

List all applicable students in your family

Student's Name(s)

(Last)	(First)	(Middle)	Grade	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Home Address _____

Parents'/Guardians' Names _____

Home Phone # (_____) _____ **Mother's Work #** (_____) _____

Father's Work # (_____) _____ **Mother's Cell #** (_____) _____

Father's Cell # (_____) _____

Family Doctor _____ **Doctor's Phone #** (_____) _____

Health Insurance Provider _____ **Policy #** _____ **ID #** _____

List any allergies that your student has: _____

List any medical conditions of which your school should be aware: _____

List medications that your student takes on a regular basis: _____

Is your student under the care of a doctor? If so, for what reason? _____

Remarks: _____

Please list the names of 2 people that have your permission to pick up your children and/or be phoned if you are not available in an **Emergency Situation**. Please indicate home, work and cell phone numbers.

1. **Name** _____ **Home Phone #** (_____) _____
Work Phone# (_____) _____ **Cell Phone #** (_____) _____
Address _____

2. **Name** _____ **Home Phone #** (_____) _____
Work Phone# (_____) _____ **Cell Phone #** (_____) _____
Address _____

School Emergency Procedures In case of emergency and/or need of **IMMEDIATE** medical or hospital care:

1. The school will call 911 for obvious injuries/medical conditions requiring immediate medical care. (If transported to the hospital, the student will be escorted by an TSCA staff member unless otherwise agreed upon by parents/staff)
2. The school will attempt to contact the parents/guardians until they are reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

Parent(s)/Guardian(s) Signature(s)

Date