



Growing the Future

STUDENT EMERGENCY CARD

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME
STUDENT'S HOME ADDRESS	CITY	STATE
STUDENT'S HOME PHONE	DATE OF BIRTH	
	ZIP CODE	

PARENT INFO	WHO DOES STUDENT LIVE WITH?	STUDENT'S SOCIAL SECURITY NUMBER	STUDENT'S BIRTHPLACE (CITY AND STATE)		
	<input type="checkbox"/> FATHER <input type="checkbox"/> STEPFATHER <input type="checkbox"/> GUARDIAN	NAME:	HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE/PAGER NUMBER
	OCCUPATION	EMPLOYER	EMPLOYER ADDRESS		
	<input type="checkbox"/> MOTHER <input type="checkbox"/> STEPMOTHER <input type="checkbox"/> GUARDIAN	NAME:	HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE/PAGER NUMBER
	OCCUPATION	EMPLOYER	EMPLOYER ADDRESS		
	IN AN EMERGENCY WHEN NEITHER PARENT CAN BE REACHED CALL:	HOME PHONE NUMBER	CELL PHONE NUMBER	RELATIONSHIP TO STUDENT	
	IN AN EMERGENCY WHEN NEITHER PARENT CAN BE REACHED CALL:	HOME PHONE NUMBER	CELL PHONE NUMBER	RELATIONSHIP TO STUDENT	
	IN AN EMERGENCY WHEN NEITHER PARENT CAN BE REACHED CALL:	HOME PHONE NUMBER	CELL PHONE NUMBER	RELATIONSHIP TO STUDENT	
	THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK MY CHILD UP FROM SCHOOL				
	THE FOLLOWING PEOPLE MAY NOT PICK UP MY CHILD FROM SCHOOL				
EMERGENCY INFO	DOCTOR'S NAME	DOCTOR'S PHONE NUMBER	DENTIST'S NAME	DENTIST'S PHONE NUMBER	
	MEDICAL INSURANCE COMPANY	ID NUMBER	DENTAL INSURANCE COMPANY	ID NUMBER	
	PREFERRED HOSPITAL EMERGENCY CARE				
	ALLERGIES (BE SPECIFIC)		ARE ANY OF THOSE ALLERGIES LIFE THREATENING? <input type="checkbox"/> YES <input type="checkbox"/> NO WHICH ONES?		
	FOOD RESTRICTIONS OR SPECIAL DIETARY NEEDS				
	PRESCRIPTION MEDICATIONS USED		DO ANY OF THOSE MEDICATIONS AFFECT MY CHILD'S ACTIVITIES AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW?		
	ADDITIONAL HEALTH PROBLEMS OR CONDITIONS THAT MAY REQUIRE SPECIAL ATTENTION OR AFFECT MY CHILD'S ACTIVITIES AT SCHOOL				

PLEASE NOTE: STUDENTS ON ANY MEDICATION (INCLUDING OVER THE COUNTER MEDICATIONS) MUST HAVE A MEDICAL ADMINISTRATION FORM SIGNED AND ON FILE IN THE SCHOOL OFFICE

To the best of my knowledge all of the above information is correct, complete, and accurate. In the event of illness, accident, or injury, I give my permission that medical measures be instituted without delay as the judgement of the personnel dictates. I understand that Aspen Creek Academy is not engaged in the practice of medicine, including but not limited to: diagnosing undetected illness or adverse medical conditions. I also authorize the above information to be given to medical professionals in the event of an accident or if necessary for immediate medical attention

PARENT/ GUARDIAN'S SIGNATURE	DATE
PARENT/ GUARDIAN'S SIGNATURE	DATE