

STUDENT INFORMATION AND EMERGENCY CARD

GRAD. YR. _____

NAME _____
Last First MI

DATE OF BIRTH: _____

ADDRESS _____
Street Town Zip

PHONE#: _____

Father's Name _____

Mother's Name _____

Address _____

Address _____

E-Mail _____

E-Mail _____

Home Phone# _____

Home Phone# _____

Cell# _____

Cell# _____

Employer _____ # _____

Employer _____ # _____

Emergency Contact other than Parent: _____ # _____ Relationship _____

Family Physician: _____ # _____

Any physical or functional abnormalities (eg. Heart, Diabetes, Epilepsy, Other) _____

Please fill out BOTH cards - Front & Back

Nurse's Copy

OVER



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Activity Copy

OVER



SCHOOL, ATHLETICS AND TRIPS (CONSENT TO TREAT)

I grant permission for treatment of illness or injury, without my presence, by a physician or hospital if the need arises. I understand that I will be contacted in all cases.

Signature of Parent/Guardian

Subscribed and sworn to before me, this _____ (day of month) day of _____ (month), 20 _____

(Notary Seal)

(Signature of Notary)

Insurance Information:

Insurance Name _____

Group # _____

Policy # _____

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Nurse's Copy

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