

EMERGENCY CARD

Merryhill Preparatory School

STUDENT EMERGENCY/MEDICAL INFORMATION CARD

(This card needs to be completed every school year)



Merryhill
School
A Global Learning Community

Student's Name: _____
(Last) (First) (Middle Initial)

Grade: _____ Age: _____ Birthdate: _____
(Month) (Day) (Year)

Home Address: _____ Apt. No.: _____

City: _____ Zip Code: _____ Home Phone: _____

Ethnicity: _____ Child Lives With (Mark all that apply): Mother Father Caregiver/Guardian

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Employer: _____ Employer: _____

Work Address: _____ Work Address: _____

Primary Phone: _____ Primary Phone: _____

Secondary Phone: _____ Secondary Phone: _____

Email: _____ Email: _____

EMERGENCY CONTACTS/PERSONS AUTHORIZED TO PICK-UP MY CHILD: In case child listed above needs to be picked up by someone other than myself, becomes ill, or is injured at school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following:

1. _____
(Name) (Relationship) (Primary Phone) (Secondary Phone)

2. _____
(Name) (Relationship) (Primary Phone) (Secondary Phone)

My child has health insurance: Yes No If Yes, list:

Member #: _____ Health Care Provider Phone: _____

NO MEDICAL CONDITION OR My child receives regular care for the following medical condition(s):

Allergies/Allergic to: _____ Date of last reaction: _____ Requires Epinephrine

Does your child have any other major health issue(s)? Please list:

Is your child taking medication(s)? Please list medication(s) and times taken:

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for the school to take appropriate action for the safety and welfare of my child.

(Parent/Guardian Signature Required)

(Date Completed/Updated)