

STUDENT INFORMATION AND EMERGENCY CARD

Student Name: _____

Address: _____

Father's Name: _____

Address: _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Employer: _____ # _____

Emergency Contact other than parent: _____

Emergency Contact Phone #: _____ Relationship: _____

Family Physician: _____ Phone #: _____

Any physical/functional abnormalities (ex. Heart, Diabetes, Epilepsy, Other) _____

Graduation Year: _____

Date of Birth: _____

Phone #: _____

Mother's Name: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Employer: _____ # _____

Please fill out both copies Front & Back (Nurse's Copy) -over-

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Date of Birth: _____

Phone #: _____

Mother's Name: _____

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Email: _____

Home Phone: _____

Cell Phone: _____

Employer: _____ # _____

Please fill out both copies Front & Back (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 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 #: _____

(Nurse's Copy)

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