

HOLLYDELL SCHOOL • EMERGENCY INFORMATION CARD

Student's Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Does child have Health Insurance: YES NO If so, name of company _____ Policy # _____

Student's Date of Birth _____ Home Phone _____ Parent's Email: _____

Living With Mother Father Other (name/relationship) _____

1) Parent/Guardian's Full Name _____ Employer's Phone _____

Relationship to Student _____ Home phone _____ Cell Phone _____

2) Parent/Guardian's Full Name _____ Employer's Phone _____

Relationship to Student _____ Home phone _____ Cell Phone _____

Persons to be Contacted if Parents/Guardians Are Unavailable (a responsible adult who has transportation during the day):

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Does your child have any medical problems or allergies? Please List:

I hereby give permission for my child to receive the following medical attention as part of the school health program at HollyDELL School:

1. To take Tylenol ® if he/she complains of a headache, menstrual cramps, or has a fever YES NO
2. To be taken to the nearest hospital for emergency treatment when I cannot be reached YES NO

Signature of Parent/Guardian _____ Date _____