

EMERGENCY CARD

ENLARGED CITY SCHOOL DISTRICT OF TROY

Name of Student _____ M _____ F _____ Birth Date _____
Please Print Last First

Home Address _____ Home Phone _____

School _____ Grade _____ Homeroom _____ Teacher _____

Father _____ Located at _____
During School Hours Phone

Mother _____ Located at _____
During School Hours Phone

Step-Parent or Guardian _____ Located at _____
During School Hours Phone

Previous Schools Attended _____

In the event of emergency, illness, or injury...contact, for care and transportation:

1. _____ at _____
Relative, neighbor or friend Phone

or _____ at _____
Alternate Phone

2. _____ at _____
Family Physician Phone

3. _____ at _____
Eye Examiner Phone

4. _____ at _____
Family Dentist Phone

NOTE: Please advise these individuals that you are listing them for emergency care and transportation.

Glasses Purchased Where _____

5. Special health considerations _____

I hereby authorize _____ (Name of hospital in Troy, NY)
To give emergency care to my son/daughter in the event I cannot be reached.

_____ Date

_____ Parent Signature

Please complete the following information. It covers from September of last year through September of this year (12 months).

Physical No Yes Date _____ Doctor _____
Findings _____

Eye Examination No Yes Date _____ by Dr. _____ Glasses: Yes- No

Dental Exam No Yes Date _____ Work Done _____

Immunizations this year No Yes _____
For what Date For what Date

Accident/Injury No Yes Date _____ Problem _____

Illness No Yes Date _____ Type _____

Surgery No Yes Date _____ Type _____

Medication No Yes Name _____

Other _____

If your child has had a summer physical or you wish to have your child have a physical from your private physician for the current school year, please contact your school nurse as soon as possible for the form to be filled out by your physician.