

LONGWOOD CSD – SCHOOL NURSE – STUDENT EMERGENCY CARD

School Year: _____ Grade: _____ Homeroom: _____

Student Name: _____ Gender: M () F () DOB: _____

Home Address: _____

Mailing Address (if different): _____

Home Telephone: _____

Mother/Guardian: _____ Cell: _____ Work: _____

Father/Guardian: _____ Cell: _____ Work: _____

Court papers must be on file with the school for custody arrangements, please indicate custody to whom.

List names of two (2) local friends/relatives who may be called upon to assume responsibility and provide transportation for your child in the event of illness or emergency when parents cannot be reached.
Should any numbers change during the school year please notify the school nurse.

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Physician to be called in an emergency: _____ Telephone: _____

List any medical history – (illnesses, operations, injury, glasses, food or other allergies)
NONE ()

Medications taken daily: _____

Reason for medication: _____

List any other important information that the school nurse should be aware of: _____

I hereby give permission for my child’s medical provider to release medical information to the Health Office on a need-to-know basis only (i.e. – medication, restrictions, medical conditions) and that this information may be shared with pertinent staff members who have personal contact with my child, and the emergency contacts listed on this card.

Signature of Parent/Guardian

Date