



MERCY

## EMERGENCY INFORMATION CARD

2022-2023

**PLEASE PRINT**

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

*Last*

*First*

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOTHER NAME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

FATHER NAME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

***Please list 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.***

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME#: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_ OTHER# \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME#: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_ OTHER# \_\_\_\_\_

***In case of accident or serious illness, I request the school to contact me. If the school cannot reach me, I give authorization to the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may take whatever actions deemed necessary.***

PHYSICIAN'S NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MEDICAL NEEDS OR CONDITIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

*Dosage*

*Time to be administered*

MEDICATION: \_\_\_\_\_

*Dosage*

*Time to be administered*

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_