

PLEASE PRINT

**HARTLAND CONSOLIDATED SCHOOLS  
Hartland Community Education**

**Student Emergency Information Card**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ E-mail address \_\_\_\_\_

**In case of emergency, where can you be contacted if not at home?**

Father's Bus. Phone: ( ) \_\_\_\_\_ Pager/Cell #: ( ) \_\_\_\_\_

Mother's Bus. Phone: ( ) \_\_\_\_\_ Pager/Cell #: ( ) \_\_\_\_\_

List 2 area neighbors or relatives whom you have arranged to assume temporary care if you cannot be reached.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Medical Information (please circle numbers that apply):

- |                       |                      |                         |
|-----------------------|----------------------|-------------------------|
| 1 No Known Problem    | 2 Medical waiver     | 3 Rheumatic (Arthritis) |
| 4 Cardiac             | 5 Hemophilia         | 6 Diabetes              |
| 7 Aspirin Allergy     | 8 Penicillin Allergy | 9 Iodine Allergy        |
| 10 Multiple Allergies | 11 Epilepsy          | 12 Contact Lenses       |
| 13 Blood Condition    | 14 Sulfa Allergy     | 15 Frequent Nosebleeds  |
| 16 Asthma             | 17 Hearing Impaired  | 18 Animal Allergy       |
| 19 Codeine Allergy    | 20 EnviroAllergy     | 21 Food Allergy         |
| 22 Insect Allergy     | 23 Daily Meds        | 24 Special Needs        |
| 25 Medical Alert Tag  |                      |                         |

OTHER: \_\_\_\_\_

Local Physician's Name \_\_\_\_\_

Office Phone Number \_\_\_\_\_

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, I authorize the school to make whatever arrangements seem necessary on behalf of my child.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_