

BERLIN CENTRAL SCHOOL DISTRICT

EMERGENCY CARD

Student's Name _____ Grade _____ Homeroom/Teacher _____

Mailing Address _____ Home Phone _____

911 Address _____ Age _____ Date of Birth _____

Father's Name _____ Work Location _____ Phone _____

Mother's Name _____ Work Location _____ Phone _____

Step-Parent/Guardian _____ Work Location _____ Phone _____

Child lives with: Both Parents Mother Father Other (specify) _____

Custody of Child belongs to: Both Parents Mother Father Other (specify) _____

In the event of early dismissal, illness or injury – please provide emergency contact phone numbers:

Name of relative/friend _____ Location _____ Phone _____

Name of relative/friend _____ Location _____ Phone _____

Name of Physician _____ Location _____ Phone _____

Name of Dentist _____ Location _____ Phone _____

Hospital Preference _____ Does this student have Health Insurance? YES NO

Parent/Guardian Signature _____ Date _____

The school authorities will exercise their responsibility in providing emergency care to students when parents and or guardians are not available.

Does your child have any serious health concerns that may require care while in school? YES NO

If yes, please explain _____

Has your child had any serious illnesses, injuries or hospitalizations within the past year? YES NO

If yes, please explain and provide date(s) _____

Does your child have any allergies to insects, food, medication or the environment? YES NO

If yes, please explain _____

Does your child take any prescription or over-the-counter medications on a regular basis? YES NO

If yes, please explain _____

Please list the names all other children living in the home. (Include their age and name of school, if attending).

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Please notify school whenever there are changes in the emergency contact(s) or health information.