Date: _____

Teacher:_____

STAFF ONLY

Medications:_____

_____

_____

_____

Notification Card for Emergency or Illness

Child's Name: _____ DOB: _____

Legal Guardian's Information:

Name: _____ Hm # _____WK #_____ Cell _____

Name: _____ Hm # _____Wk #_____ Cell _____

Name of person to contact if your child needs medical attention. List in calling order.

Emergency Contact: _____ Phone_____ Cell _____

Emergency Contact: _____ Phone_____ Cell _____

Emergency Contact: _____ Phone_____ Cell _____

Emergency Contact:_____Phone_____Cell_____

Pupil's Doctor: _____ Phone: _____

Pupil's Normal Temp: _____ Has your child had chicken pox? __ Yes __ No

If emergency treatment is required and guardian cannot be reached immediately may the school authorities use their judgement for appropriate measures? Yes No **(If no please list measures)**

_____

_____

_____

_____

_____ _____

Guardian Signature Date

Date	Time	Temp	Problem/Action	GH	BTC