

Washtenaw Intermediate School District - Emergency Card

The "Current Record" column shows information currently on file for Jane. Please check all information, and make any changes in the "Updates/Changes" column. Section G must be updated every year by a parent, a student in which rights have been transferred at age of majority, or other legal decision makers.

AAASample, Jane / Homeroom:

A. Student Information		Current Record	Updates/Changes
Student Name	AAASample, Jane		
Student Home Phone	555-555-5555		
Gender	F		
Grade	14		
Date of Birth	01/01/1996		
Language Spoken at Home			
*Ethnicity(See Note Below)	Other		
*Ethnic Types: Pacific Islander; African American; American Indian; Asian, Caucasian; Hispanic			
B. Address Information			
Mailing Address	99 E Main Rd		
Mailing City, State, Zip	Dundee, MI 48131		
Home Address (if different)	11 E Main Rd		
Home City, State, Zip	Dundee, MI 48131		
C. Parent Information			
Father/Step Father/Guardian Name			
Home Phone			
Employer			
Work/Cell Phone(s)			
Mother/Step Mother/Guardian Name gabriel, stephanie			
Mother's Home Phone			
Employer			
Work/Cell Phone(s)			
Parent's Address (if different)			
Email			
D. Living Arrangements			
Student currently lives with?			
<i>If student currently has a Foster Parent, Custodian, Group Home, etc, indicate the name, relationship, and phone numbers.</i>			
Name & Relationship			
Home/Work /Cell Phone(s)			
Name & Relationship			
Home/Work /Cell Phone(s)			
E. Emergency Information (Other than parent)			
Contact 1-Name/Relationship	Sample, Dave/Father		
Day Phone (Hm,Wrk,or Cell?)	555-555-5555[]		
Contact 2-Name/Relationship	Sample, Dianne/Other		
Day Phone (Hm,Wrk,or Cell?)	555-555-5556[]		
Contact 3-Name/Relationship	/		
Day Phone (Hm,Wrk, or Cell?)	[]		

Changes/Update Completed on: _____

Changes/Updates done by: _____

Initials of Scanner: _____
Scanned Date: _____



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F. Medical Information	Current Record	Updates/Changes
Doctor Name/Phone		
Health Conditions: Please list and briefly describe your child's health condition(s) in the provided space "Updates/Changes" .		
Medications (Home and at School) <i>Please list dosage: Example: (name of drug) -- "Take one teaspoonful by mouth three times daily until gone".</i>		
Hospital Preference		
List ALL Allergies/Sensitivities	dust	

G. To Be Completed by the Legal Decision Maker

Other Health Concerns:

PERMISSION FORMS:

AUP: No
 Field Trip: No
 Print in Media: No
 Print on Internet: No
 Print on TV: No
 Apply Sunscreen and Repellent: No
 Can Swim: No

Would you like to receive district and school updates through email? Yes No

If yes, print your email address here: _____

In case of 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 secure emergency treatment, or make whatever arrangements are necessary and appropriate. I also understand that cost for such care will be at our (parent/legal guardian/self) expense. I understand the information on this form will be shared with appropriate school administration and staff and appropriate medical person(s).

Please sign stating you have reviewed and changed all information above.

Yes No

 (Signature of Legal Decision Maker)

 (Date)

If there is any additional information about the health and welfare of your child of which the school needs to be aware, please contact the school office directly.