
Student Name (Last)

(First)

EMERGENCY HEALTH CARD

St. John's Ev. Lutheran School - Montello, WI

The wellbeing of your child is very important to our school. In order to make our health and safety programs more effective, we request your cooperation in filling out this card in case of an emergency.

HOME ADDRESS _____ DATE OF BIRTH _____

ALLERGIES _____

MEDICATIONS _____

SPECIAL HEALTH CONCERNS _____

DOES YOUR CHILD...	HAVE FREQUENT EAR INFECTIONS?	Y	N
	USE CORRECTIVE LENSES?	Y	N
	USE HEARING AIDS?	Y	N
	HAVE ASTHMA?	Y	N
	HAVE DIABETES?	Y	N

PRIMARY EMERGENCY CONTACT _____ RELATIONSHIP _____

TELEPHONE NO. _____ EMPLOYER _____

SECONDARY EMERGENCY CONTACT _____ RELATIONSHIP _____

TELEPHONE NO. _____ EMPLOYER _____

(SEE OTHER SIDE)

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(SEE OTHER SIDE)

In case of an emergency and parent(s) or guardian(s) are unable to be reached, please list below two additional emergency contacts you wish for us to contact.

ADDITIONAL CONTACT 1 _____ RELATIONSHIP _____

TELEPHONE NO. _____ EMPLOYER _____

ADDITIONAL CONTACT 2 _____ RELATIONSHIP _____

TELEPHONE NO. _____ EMPLOYER _____

In case of a serious accident, illness, or incident at school, the principal will send your child to:

HOSPITAL _____ ADDRESS _____

DOCTOR _____ TELEPHONE NO. _____

DENTAL FACILITY _____ ADDRESS _____

DENTIST _____ TELEPHONE NO. _____

Please list the names of all people to whom your child can be released other than parent or guardian.

RELEASE CONTACT 1 _____ RELATIONSHIP _____ 3 _____ RELATIONSHIP _____

RELEASE CONTACT 2 _____ RELATIONSHIP _____ 4 _____ RELATIONSHIP _____

If deemed necessary, your student will be sent to your family doctor or emergency room at parent/guardian expense. As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to St. John's Lutheran-Montello, WI, personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

SIGNATURE _____ DATE _____

If there are no changes in the provided information, please initial and date here. _____

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