

Ben Franklin Academy * Student Emergency Card * 2016-17

Student Last Name	Student First Name	Grade	DOB	Family carpool #
Primary Home Address	City	State	Zip	Home Phone #
Secondary Home Address	City	State	Zip	Home Phone #
Mother's Name (or Guardian)	Employer	Work phone#	Cell phone#	
Father's Name (or Guardian)	Employer	Work phone#	Cell phone#	

Primary email: _____ Secondary email address: _____

Child's Physician Name	Phone#	Preferred Hospital
* * * * *		

Does your child have special medical problems that school staff should know about? YES NO
 If yes, please explain: _____
Note: you may be contacted by the District Nurse for more information, as appropriate

Is your child taking any medication on a regular basis at home or school? YES NO
 If yes, please list medication: _____
Note: medication at school requires a signed form by your child's Doctor

I give authorization for my child to be administered Tylenol at school, if needed. YES NO

Parent or Guardian Signature	Date
* * * * *	

In case of an accident, serious illness or emergency and I/we cannot be reached at my/our home or work, school personnel have my/our permission to contact any of the following people. They are authorized to make decisions for me/us.

Emergency contact person #1	Cell phone#	Work phone#	Relationship to child
Emergency contact person #2	Cell phone#	Work phone#	Relationship to child
Emergency contact person #3	Cell phone#	Work phone#	Relationship to child

In an emergency, the above persons have my/our permission to authorize emergency treatment for this child. If the above people cannot be contacted, school personnel are authorized to use their best judgement in an emergency situation. Parent/Guardian will assume all financial responsibility for any emergency treatment provided on behalf of this child.

Parent or Guardian Signature	Date
* * * * *	

Family Information: Please list other children in the home under the age of 18

Name of sibling #1	Age	Name of sibling #2	Age
Name of sibling #3	Age	Name of sibling #4	Age
Name of sibling #5	Age	Name of sibling #6	Age