

Ben Franklin Academy – Student Emergency Card – 2017-18

Student Last Name	Student First Name	Grade	DOB	Family carpool #
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Primary Home Address	City	State	Zip	Home Phone #
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Secondary Home Address	City	State	Zip	Home Phone #
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Mother’s Name (or Guardian)	Employer	Work phone#	Cell phone#
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Father’s Name (or Guardian)	Employer	Work phone#	Cell phone#
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Primary email	Secondary email address
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Child’s Physician Name	Phone#	Preferred Hospital
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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

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