

HEALTH-EMERGENCY INFORMATION CARD

Donovan Community Unit School District No. 3

Student Name: _____ Date of Birth: ____-____-____ State ID: _____
(District will issue State ID number)

PO Box – Mailing Address: _____ Social Security Number: ____-____-____ Bus Route: _____
(District will fill in)

911 – Physical Address: _____ City: _____ State: _____ Zip Code: _____

Student lives with: *(Circle all that apply)* Both Parents _____ Mom _____ Dad _____ Step Parent _____ Sibling(s) _____
Cousins _____ Grandparent(s) _____ Aunt or Uncle _____ Other: _____

Gender: Male Female
Race: White Black/African American Hispanic American Indian/Alaskan Native Asian/Pacific Islander Multiracial/Ethnic

*** Primary Custodian**
Parent/Guardian Name: _____
Relationship: _____

*** Secondary Custodian**
Parent/Guardian Name: _____
Relationship: _____

*** In the event of inclement weather or school cancellations, the school may contact you by telephone, e-mail, or cell phone. In the () area below, please signify the order in which you would prefer to be contacted. 1 for first choice, 2 for second choice, etc...**

() Home Telephone Number: ____-____-____
() Work Phone: ____-____-____
() Cell Phone: ____-____-____
() E-Mail Address: _____

() Home Telephone Number: ____-____-____
() Work Phone: ____-____-____
() Cell Phone: ____-____-____
() E-Mail Address: _____

Special health conditions of child, if any: _____

Allergy, if any: _____
(If allergy or health condition is severe, please request a "School Medication Authorization Form" from district personnel.)

Emergency Contacts: Person or persons to whom the school may contact in the event a parent/guardian is unreachable.

*** Please list contacts in the order in which they will be contacted in the event of an emergency.**
1. _____ Phone: ____-____-____ Relationship: _____
2. _____ Phone: ____-____-____ Relationship: _____
3. _____ Phone: ____-____-____ Relationship: _____

If you cannot be reached in an emergency, and if in the judgment of the school authorities immediate medical and / or attention is indicated, school authorities will send your child to an available hospital or physician.

Parent/Guardian Signature: _____ Date: ____-____-____

Information requested on this form must be filled out annually and kept on file in the event of an emergency.
Staff will NOT fill in the fields left blank.