

Pillar Elementary School

Student Emergency Card

2019 - 2020

Student's Name:	D.O.B:	/		/
Address:	City:	State:	Zip:	

Mother's Name:				
Address:	City:	State:	Zip:	
House Phone:	Cell Phone:	Work Phone:		
Email Address:				

Father's Name:				
Address:	City:	State:	Zip:	
House Phone:	Cell Phone:	Work Phone:		
Email Address:				

**Please Provide 2 Emergency Contacts
Other than parents**

Name:	Relationship to Student:
House Phone:	Cell Phone:

Name:	Relationship to Student:
House Phone:	Cell Phone:

Authorized Child Release

To ensure the safety of our children, please let us know in advance who (other than parent/guardian) has permission to pick up your child from school.

Name:	Relationship to Student:
Best number to be reached at:	Address:

Name:	Relationship to Student:
Best number to be reached at:	Address:

Name:	Relationship to Student:
Best number to be reached at:	Address:



Medical Information

Student's Physician:	Telephone:		
Address:	City:	State:	Zip:
Diagnosis:			
Student's Allergies to: /Medications/Food/Other Known Allergies			
Special Diet:			
Foods to avoid giving/List reasons:			
Student's Insurance Information:			
Insurance:	Policy#:	Grp#	

In case of medical emergency where parents/guardians can't be reached, I give permission for my child to receive the necessary medical care.

Parent's Signature: _____ **Date:** _____

I give permission for nursing staff to consult with my child's primary care provider (Pediatrician) and other specialists when needed.

____ **YES, I give permission for nursing staff to consult with my child's physicians.**

____ **NO, I do not give permission for nursing staff to consult with my child's physicians.**

Parent's Signature: _____ **Date:** _____