

# HEALTH EMERGENCY CARD

STUDENT'S FIRST AND LAST NAME \_\_\_\_\_ PARENT E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Children's Names

Grade/Teacher

PARENT 1 NAME \_\_\_\_\_

**Where parent 1 can be reached 8 A.M. – 3 P.M.** Cell # \_\_\_\_\_

Address \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.
- 5.

PARENT 2 NAME \_\_\_\_\_

**Where parent 2 can be reached 8 A.M. – 3 P.M.** Cell # \_\_\_\_\_

Address \_\_\_\_\_

AUTHORIZED ALTERNATES (Relative, Friend, Neighbor)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

FAMILY DOCTOR IN EMERGENCY \_\_\_\_\_ Phone \_\_\_\_\_

FAMILY DENTIST IN EMERGENCY \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL CONCERNS \_\_\_\_\_

(Please fill in above information completely and return to school)

# Tarjeta de salud en caso de emergencia

Apellido de estudisante \_\_\_\_\_ Correo electronico de padre \_\_\_\_\_

Domicilio \_\_\_\_\_ Telefono \_\_\_\_\_

Nombre de ninos \_\_\_\_\_ grado/maestra \_\_\_\_\_ Nombre del padre 1 \_\_\_\_\_

**Donde se puede localizer el padre 1 de 8 A.M. – 3 P.M.**

1. Domicilio \_\_\_\_\_ Telefono \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_ Nombre de la padre 2 \_\_\_\_\_

**Donde se puede localizer la padre 2 de 8A.M. – 3 P.M.**

4. Domicilio \_\_\_\_\_ Telefono \_\_\_\_\_

5. \_\_\_\_\_

Alternativos autorizado (relativo, amigo, vecino)

1. Nombre \_\_\_\_\_ Relacion \_\_\_\_\_

Domicilio \_\_\_\_\_ Telefono \_\_\_\_\_

2. Nombre \_\_\_\_\_ Relacion \_\_\_\_\_

Domicilio \_\_\_\_\_ Telefono \_\_\_\_\_

Doctor de familia por una emergencia \_\_\_\_\_ Telefono \_\_\_\_\_

Dentista de familia por una emergencia \_\_\_\_\_ Telefono \_\_\_\_\_

Preocupaciones Medica \_\_\_\_\_

(Favor de llenar la informacion arriba y devolver a la escuela)