

**ST. JOHN'S EPISCOPAL SCHOOL**  
**EMERGENCY CONTACT CARD**  
**2010-2011**

**STUDENT NAME:**

**GRADE:**

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Employed By \_\_\_\_\_

Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Employed By \_\_\_\_\_

Telephone \_\_\_\_\_

**EMERGENCY CONTACTS (3 people who may pick up child if parents are not home)**

Name/ Relationship			
Phone			
Cell Phone			
Address			
City, State			

**DISASTER PREPAREDNESS PLAN INFORMATION**

In case of a disaster-earthquake, flood, bomb attack, etc., children **WILL NOT** be released to anyone except those listed above.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT'S HEALTH INFORMATION**

List any health problems we should be alerted to: (condition, symptom, special action required): \_\_\_\_\_

List any medication taken on a regular basis: (medication name, dosage, illness treated): \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Do you have a release for medical treatment on file at a local hospital? \_\_\_\_\_

Does your child have...

Vision difficulty? \_\_\_ Wear glasses? \_\_\_ Full Time / Part Time / Reading / Distance

Hearing difficulty? \_\_\_ Have speech problems? \_\_\_ Allergies? \_\_\_ what type? \_\_\_\_\_

Are there any activity limitations? Please explain \_\_\_\_\_

Has your child had any of the following conditions: (please indicate the date)

Disease	Date	Disease	Date	Disease	Date
ADD		ADHD		Asthma	
Bedwetting		Chicken Pox		Diabetes	
Difficulty Sleeping		Ear infections		Fainting	
Frequent Headaches		Hay Fever		Head injury	
Heart Disease		Operations		Rheumatic Fever	
Seizure Disorders		Sinusitis		TB	
Other					

Other comments: \_\_\_\_\_

