

School District of Elmwood

EMERGENCY CONTACT CARD (2016-17 School Year)

Student Name: _____ DOB: _____

Address: _____ City, State, Zip _____

Phone Numbers (please list whether they are cell, home, or work numbers who they apply to:

Primary Contact Person: _____ Relationship: _____

Address: _____ Phone: _____

Secondary Contact Person: _____ Relationship: _____

Address: _____ Phone: _____

Medical Information for Student:

Physician Name: _____ Phone: _____

Preferred Clinic or Hospital: _____

Insurance Company Name: _____ Phone: _____

Insurance ID#: _____ Name on Insurance Card: _____

Blood Type: _____ Allergies: _____

Medications: _____

Special Medical Concerns: _____

Comments: _____