

☐ Altoona Elementary

☐ Lakeshore

☐ Pedersen

☐ Roosevelt

☐ Sherman

☐ Camp

☐ Camp Only

## Emergency Card

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

### Emergency Contact (Please include parent)

Name	Phone (Home/Work)	Relationship to Child
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_____	_____	Parent/Guardian
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_____	_____	Parent/Guardian
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_____	_____	_____
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_____	_____	_____
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(continue on back)

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Clinic \_\_\_\_\_ Hospital Choice \_\_\_\_\_

Allergies \_\_\_\_\_

Has your child ever been stung by a bee? ☐ Yes ☐ No

I hereby give my consent for emergency medical care treatment, to be used only if I cannot be reached immediately.

Parent Confirmation \_\_\_\_\_ Date \_\_\_\_\_

