

# Immaculate Conception School Emergency Card

School Year 20\_\_ - 20\_\_ Grade \_\_\_\_\_

## HEALTH HISTORY

Student's Name \_\_\_\_\_  
(last name) (first name)

In the event of an emergency, this information will facilitate immediate medical care.

<b>ALLERGIES</b> <small>(please describe reaction)</small>	Medication	
	Food or Inhalant type	
Chronic Health Problems (ex: diabetes, heart):		
Reoccurring Health Problems (ex: ear infections, bronchitis):		
Current Medication (taken regularly or "as needed"):		
Date of last tetanus or DTP shot:		

Student wears (check all that apply):

- Contacts
- Glasses
- Dental appliance (braces, crown)

## ADDITIONAL INFORMATION OR INSTRUCTIONS

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**In case of early dismissal due to emergency, weather conditions, etc. – my children will:**

**(Check only one)**

- Ride bus
- Walk Home
- Will be picked up by \_\_\_\_\_ Phone \_\_\_\_\_

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Parent or Guardian Signature Date

# Immaculate Conception School Emergency Card

School Year 20\_\_ - 20\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_  
(last name) (first name)

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

Mother	Father
Name _____	Name _____
Address _____	Address _____
Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____

Alternate person to notify: 1. \_\_\_\_\_ Phone \_\_\_\_\_  
 (must reside in Bellevue) 2. \_\_\_\_\_ Phone \_\_\_\_\_  
 Preferred Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

## Statement of Parents

1. In case of accident or sickness, I/we hereby authorize the Immaculate Conception School through their employees to administer "first aid" to our children when they deem such first aid necessary.

Signed: Father \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Guardian \_\_\_\_\_  
 Date \_\_\_\_\_

2. In case of serious accident or sickness, I/we hereby authorize the Immaculate Conception School through their employees to use their own judgment in sending our children to the hospital listed above or to call the doctor listed above. Also, if neither of the above mentioned doctors is available at once, the school is authorized to secure a doctor who can come even before we as parents are reached.

Signed: Father \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Guardian \_\_\_\_\_  
 Date \_\_\_\_\_