AVE MARIA
ACADEMY

Student Health/Emergency Card

Student Information:

Name: _____ Grade: _____ Birth Date: _____ Gender: _____

Household Information:

Parent 1 Name: _____

Parent 2 Name: _____

Address: _____

Emergency Contact Information:

Contact Name	Relationship	Home No.	Mobile No.	Work No.	Email

Medical Information:

	Name	Group/Phone No.
Medical Insurance:		
Hospital:		
Physician:		
Dentist:		

Allergies: _____

Medical Conditions:_____

Medications:_____

Acetaminophen	**Ibuprofen**	**Benadryl**
Yes _____	Yes _____	Yes _____
No _____	No _____	No _____