

STUDENT DATA EMERGENCY CARD

Dixie District Schools

This card must be completed, signed by parent/guardian, and returned the first week of school.

Full Name of Student: _____
Last First Middle

Male: ___ Female: ___ Date of Birth: _____ Grade: _____ Teacher: _____

Guardian # 1 Name: _____ Cell# _____ Work/Daytime # _____

Guardian # 2 Name: _____ Cell# _____ Work/Daytime # _____

Mailing Address:

Physical Address (if different from above):

Additional Emergency Contact Phone Contact Numbers:

Name & Relationship: _____ Ph # _____

Name & Relationship: _____ Ph # _____

Name & Relationship: _____ Ph # _____

List Names, Grades, and Schools of all siblings:

Child Lives With: (circle all that apply): Mother Father Stepmother Stepfather Legal Guardian

Medical Problems: (Check all that apply / use line below to specify if necessary)

- Allergies (specify what to and medications used to treat): _____
- Asthma (when was last episode-specify year): _____ Does Student use an Inhaler? Yes ___ No ___
- Seizure (when was last episode) (Specify type and medications needed): _____
- Diabetes (type and medications): _____
- Cystic Fibrosis
- Vision: Has the doctor prescribed corrective lenses for your child? Yes ___ No ___
- Hearing: Has the doctor prescribed a hearing device for your child? Yes ___ No ___
- Other Medical Conditions: _____

***School Board Policy Prohibits prescription, or non-prescription drugs to be carried on school campus by a student. *All over-the-counter medications administered at school require a doctor's note and parent permission.**

Prescribed Medication(s): _____

Medical Procedures (ie: tube feeding, heart, suctioning, etc.): _____

FAMILY PHYSICIAN _____ Ph # _____

Is your child currently under the care of a physician for illness or injury? Yes ___ No ___

If yes, explain: _____

In the event of a serious Injury or illness, I request the school contact me. If I cannot be reached, I request designated school personnel to take or send my child to the hospital emergency room, and I consent to be responsible for all expenses incurred. In case of an Injury or illness where immediate medical treatment is not required, but my child is unable to remain in school, I request the school contact me. If I cannot be reached, I request that one of the emergency contacts listed above be contacted to remove my child from school and be responsible for my child's care.

Signature of Parent/Guardian: _____ **Date:** _____