Scranton Preparatory School-Pupil Emergency Card

Name ..... Birthdate ..... Grade ..... /HR .....

Address ..... Home Ph .....

Mother/Guardian Name ..... Cell Ph .....

Father/Guardian Name ..... Cell Ph .....

Relative or Friend, with transportation, who may be contacted in case of accident or illness

Name ..... Ph ..... Relationship.....

Mother Workplace ..... Ph .....

Father Workplace ..... Ph .....

Mother E-Mail .....

Father E-Mail .....

May your child be given First Aid treatment? Yes ..... No .....

Is your child taking medication? Yes ..... No .....

Name of medicine and reason for taking? .....

May your child be taken to a hospital In an emergency? Yes ..... No .....

Hospital preference .....

Does your child have any allergies? ☐Bees ☐Drugs ☐ Peanuts/nuts ☐Foods ☐ Other

Please list and explain .....

Does your child use an Epi Pen/Auvi-Q? ☐Yes ☐No ☐Carries/Can Use Device

Any Medical Conditions-Please check those that apply and explain

Arthritis ..... Asthma ..... Inhaler ..... ☐Yes ☐ No

Blood disorders ..... Diabetes .....

Cardiac Conditions ..... Cerebral Palsy .....

Cystic Flbrosis ..... Hearing issues .....

Immune Disorders ..... Seizures/Tourette's .....

Attention Deficit Disorder/Hyperactivity ☐ Yes On med/please list .....

I AUTHORIZE THAT THIS INFORMATION BE MADE AVAILABLE TO SCHOOL PERSONNEL

Signature of Parent/Guardian .....

Date .....