



2016-2017 Emergency Medical Information Card
Please complete one per student

Student's Last Name: _____ Student's First Name: _____

Please complete the following information for the student named above. Parent contact information is on file.

Non-parental Emergency Contacts:

1. Name: _____ Number: _____
Relationship to Student: _____ Authorized to check student out from school: Y N
2. Name: _____ Number: _____
Relationship to Student: _____ Authorized to check student out from school: Y N

Known Allergies: _____

Medical Conditions: _____

My child may be given the following medications according to their proper dosages.

Advil: Yes No Tylenol: Yes No

Antacids: Yes No Topicals: Yes No

I hereby give permission for the above named child to receive over the counter medications as indicated above.

Parent Signature: _____ Date: _____