



**2018-2019 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: \_\_\_\_\_