

BENTON COMMUNITY SCHOOLS
Emergency Information Card

Both sides of
this card

Student's Legal Name _____
Last First Middle Nickname

Home Phone _____ Grade _____ Birthdate _____ Age _____

Address _____

Lives with (Please circle), NAME Place of Employment Work Phone Mobile Phone

Father _____

Mother _____

Stepfather _____

Stepmother _____

Guardian _____

Person who has legal custody of this student _____

Where attended school last _____

EMERGENCY CONTACTS – List 2 neighbors or nearby relatives who will assume temporary care of your child if you can't be reached. NAME ADDRESS PHONE/MOBILE PHONE

1. _____

2. _____

Field Trips-Several field trips will be taken by each class during the school year. We are asking permission of children to go on all instead of sending a note for each one. Please fill in your child's name and your signature. _____ has my permission to participate in field trip activities during the current school year.

Parent's signature _____

Date _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Signature of parent or guardian _____

Physician _____ Office phone _____

Address _____

HOSPITAL Preference _____

Dentist _____ Office Phone _____

To Parents: Please fill in the following information. This information is used in the school program to promote and protect the health of students.

1. Does your child have any allergies? Yes ____ No ____
If yes, to what? _____
Does this allergy require medication? Yes ____ No ____
If yes, what? _____
2. Does your child take any other medication on a regular basis?
Yes ____ No ____
If yes, what? _____
3. Does your child have glasses or contacts? Yes ____ No ____
Does your doctor advise they be worn in the classroom? Yes ____ No ____
4. Has your child had a communicable disease within the past year?
If yes, what? _____
5. Has your child had any immunization boosters during the past year?
Please list the date: Td(tetanus) ____ Polio ____ MMR ____
Hepatitis ____
6. When was your child's last dental exam? _____
Please list any dental problems _____
7. Has your child had surgery, serious illness, or injury during the past year?
Yes ____ No ____
If yes, what? _____
8. Does your child have a history of ear infections, tubes in ears, or hearing difficulties? Yes ____ No ____
If yes, explain _____
9. Does your child have any chronic illness? Example: seizure disorder, diabetes, asthma, anemia, bleeding disorders, hypertension, heart condition, episodes of upper respiratory infection or strep throat, bladder or kidney problems, etc? Yes ____ No ____
If yes, what? _____
10. Are there any other health problems which you think would be helpful for the school to know? _____