

# Medical Emergency Card

(Please fill out form)

Temple of Aaron

May 2010

Family Last Name \_\_\_\_\_

1<sup>st</sup> Child Name \_\_\_\_\_ 2<sup>nd</sup> Child Name \_\_\_\_\_

3<sup>rd</sup> Child Name \_\_\_\_\_

### Parent/Guardian to contact in case of an emergency:

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

In case of emergency and parents are unavailable, whom may we call?

Name:	Relation	Phone #
Name:	Relation	Phone #

Physician: \_\_\_\_\_ Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

We provide a directory of students. Check if you do not want to be listed?

List any special needs of your child(ren) (IE allergies, asthma, disabilities-learning & physical, etc):

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List any present condition that might result in an emergency and correct plan of action:

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### Medical Authorization

In case of an accident or serious illness pertaining to any of the above listed students, I/we request the school (Temple of Aaron) to contact me/us. If unable to contact me/us, I/we hereby authorize the school to contact the physician listed above and follow his/her directive. If unable to contact the physician, the school may make whatever arrangements are necessary, including 911 calls.

\_\_\_\_\_  
Signature of Parent(s)/Guardian

\_\_\_\_\_  
Date

**NOTE:** The information on this card is confidential. It is the parents' responsibility to notify the Director of Youth Services of any changes to information appearing on this form throughout the school year.