WASHINGTON ACADEMY
EMERGENCY INFORMATION CARD

PLEASE PRINT:

Student's Name_____ _____ _____
First **Last** **D.O.B.**

Student's Address_____

Mother's Name_____Address_____

Home Tele:_____Work Tele:_____

Email:_____

Father's Name_____Address_____

Home Tele:_____Work Tele:_____

Email:_____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. Name_____Tele:_____
2. Name_____Tele:_____

MEDICAL INFORMATION

If your child has a medical condition or has suffered any injury within the past year, please describe.

_____

_____

If your child is on any medication (including an inhaler) please list here:_____

_____

Immunizations & date received by the student within the past year:_____

Allergies(foods, medications, etc.):_____

Please indicate here if permission is granted for the trained school staff to dispense Tylenol, Ibuprofen, Benadryl or an Antacid. Yes_____ No_____. Written permission from a health care provider and parent/ guardian is required for administration of other medication. Inhalers are an exception.

Medical Insurance Company_____Pol. #_____

Local Physician's Name_____Tele:_____

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 Washington Academy personnel to take immediate steps to provide medical attention at an emergency hospital.

Signature of Parent/Guardian_____Date_____