



Our Lady of Mercy Academy

Educating young women with Faith, Compassion, and Promise

Emergency Care Card

Student Emergency Information for use by School Nurse

Student Name: _____ **Sex:** _____ **Grade:** _____

Date of Birth: _____ **Place of Birth:** _____

Physician: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Parent/Guardian: _____ **Relationship:** _____

Cell: _____ **Work:** _____ **Home:** _____

Address: _____

Parent/Guardian: _____ **Relationship:** _____

Cell: _____ **Work:** _____ **Home:** _____

Address: _____

If Parents/Guardians not available in emergency, authorization to release child to adults listed below:

Please inform persons listed below that their names appear as emergency contacts.

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Has your child had any serious illness, injury, or operation during the past year? **Yes:** _____ **No:** _____

Specify: _____

Has or does your child receive(d) any medication on a regular basis? **Yes:** _____ **No:** _____

Specify: _____

Does your child have asthma, diabetes, epilepsy, a heart or orthopedic condition? **Yes:** _____ **No:** _____

Specify: _____

Does your child have any allergies? **Yes:** _____ **No:** _____

Specify: _____

Does your child have any vision or hearing problems? **Yes:** _____ **No:** _____

Specify: _____

Do you have any other information which would help the school to better understand your child?

Date: _____ **Parent/Guardian Signature:** _____