BENTON COMMUNITY SCHOOLS — Both sides of this card

Emergency Information 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_____

Fold In Half

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.

Does your child have any allergies? Yes_____ No _____
If yes, to what? _____
Does this allergy require medication? Yes_____ No _____
If yes, what? _____
Does your child take any other medication on a regular basis?
Yes _____ No _____
If yes, what? _____
Does your child have glasses or contacts? Yes _____ No _____
Does your doctor advise they be worn in the classroom? Yes ___No__
Has your child had a communicable disease within the past year?
If yes, what? _____
Has your child had any immunization boosters during the past year?
Please list the date: Td(tetanus) ___ Polio ___ MMR ___
Hepatitis ___
When was your child's last dental exam? _____
Please list any dental problems _____
Has your child had surgery, serious illness, or injury during the past year? Yes ___
No ___
If yes, what? _____
Does your child have a history of ear infections, tubes in ears, or hearing difficulties? Yes ___ No ___
If yes, explain _____
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? _____
Are there any other health problems which you think would be helpful for the school to know? _____