

East Richland Christian Schools

Student Health Emergency Card

Student Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Home Phone Number _____

Fathers Name _____

Mother's Name _____

Employed at _____

Employed at _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Name of child's Physician _____ Phone _____

Special Health Concerns _____

Allergies _____

List Any Medication child is currently on. _____

Please check (✓) if your child has had the following:

Measles Chicken Pox Pertussis (Whooping Cough)

Diphtheria Scarlet Fever Mumps

Hepatitis Rheumatic Heart Disease

Other _____

Names & phone numbers (including cell phones) of those who may be contacted in an emergency if parents cannot be reached.

1. _____

2. _____

Parent's signature _____ Date _____

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