

Medical Emergency Card

Temple of Aaron

(Please fill out BOTH sides of form)

April 2009

Family Last Name _____

1st Child Name _____ 2nd Child Name _____

3rd Child Name _____

Parent/Guardian to contact in case of an emergency:

Name _____ Phone(s) _____

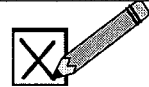
Name _____ Phone(s) _____

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):

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

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.