

EMERGENCY CARD—BROADALBIN-PERTH SCHOOL DISTRICT

Last name of student	First name	Sex
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Date of Birth	Grade	Teacher
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Father's Name	Home Address	Telephone
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Father's Place of Employment	Address	Telephone
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Mother's Name	Home Address	Telephone
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Mother's Place of Employment	Address	Telephone
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Health Problems or Allergies _____

In the event emergency medical treatment is needed, I authorize the Broadalbin-Perth Central School District to transport my child _____ to _____.

Signature of Parent/Guardian	Child's Physician	Date
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List two friends or relatives who will assume temporary care of your child if you cannot be reached. DO NOT list anyone who works and cannot be reached and please notify these people that you have listed them.

Name	Address	Telephone
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Name	Address	Telephone
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Please list for the Past summer

Booster Shots _____ Dentist Visits _____

Accidents or Illnesses _____ Eye or Ear Exams _____

Accidents or Illnesses _____ Other _____

Surgery _____

Change in family status since last year – such as death of parent, occupational changes, divorce, separation, etc.

The following over the counter products are sometimes used by the nurse in the event of illness or injury: anbesol, bactine, burn ointment, calamine/caladryl, eye wash, first aid hydrogen peroxide, topical antibiotic ointment. Please notify the Health Office if you prefer these products not be used on your child.

Signature of Parent/Guardian