

SCHOOL DISTRICT OF TOMAHAWK

Co-curricular/Field Trip Emergency Card

This card must accompany all students participating in all school sponsored extra-curricular events and/or field trips.

Pupil's Name: _____

Last First Middle

Sex: M F Birth date: _____ Grade: ____ Teacher: _____

Parent/Guardian student resides with: _____

Mailing Address _____ City: _____

County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: M _____ F _____

Work Phone M: _____ F: _____

Parent/Guardian (If different than above): _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: M _____ F _____

List any Allergies: _____

Current Medications: _____

Medical Conditions: _____

Name of Family Doctor: _____

Insurance information: _____

(Name of company, policy #, phone #)

Has the child had all necessary vaccinations? ____yes ____no

Date of last tetanus Booster: _____

If I/we cannot be reached immediately, I hereby authorize school personnel to call or drive my child to the closest hospital, if a need for emergency care exists. An ambulance may be called if necessary. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent form which are deemed necessary for my minor child.

If I/we cannot be reached in the event of illness or injury, please contact the following individuals (relative, neighbor, friend) in the order listed (The persons listed must be able to provide transportation and be at least 18 years of age. Please have the person's permission before you list her/him)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Signature of Parent/Guardian _____ Date: _____