

## Student Health Identification Card

Medical conditions \_\_\_\_\_  
\_\_\_\_\_

Doctor phone # \_\_\_\_\_

Dentist phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
\_\_\_\_\_

Phone/cell # \_\_\_\_\_

Contact person #2 \_\_\_\_\_

Phone/cell # \_\_\_\_\_

Location to meet if separated  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family Member

Name \_\_\_\_\_

Cell # \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Unique physical traits (e.g., birth marks)  
\_\_\_\_\_

Blood Type \_\_\_\_ Allergies \_\_\_\_\_

Prescription Medications  
\_\_\_\_\_

Medical conditions  
\_\_\_\_\_

Work/school phone #  
\_\_\_\_\_



## Family Member

Name \_\_\_\_\_

Cell # \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Unique physical traits (e.g., birth marks)  
\_\_\_\_\_

Blood Type \_\_\_\_ Allergies \_\_\_\_\_

Prescription Medications  
\_\_\_\_\_

Medical conditions  
\_\_\_\_\_

Work/school phone #  
\_\_\_\_\_



## Family Member

Name \_\_\_\_\_

Cell # \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Unique physical traits (e.g., birth marks)  
\_\_\_\_\_

Blood Type \_\_\_\_ Allergies \_\_\_\_\_

Prescription Medications  
\_\_\_\_\_

Medical conditions  
\_\_\_\_\_

Work/school phone #  
\_\_\_\_\_



Your Family Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Health Emergency Card



## Important Phone Numbers

### Main contact person

Phone/cell \_\_\_\_\_

### Contact person #2

Phone/cell \_\_\_\_\_

### Out-of-state contact

Phone/cell \_\_\_\_\_

## Important Phone Numbers

### Out-of-state contact #2

Phone/cell \_\_\_\_\_

Place family meets, if separated  
\_\_\_\_\_

Physician \_\_\_\_\_

Hospital \_\_\_\_\_

Pediatrician \_\_\_\_\_

Dentist \_\_\_\_\_

Pharmacist \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Veterinarian/Kennel \_\_\_\_\_

Other \_\_\_\_\_

## Family Member

Name \_\_\_\_\_

Cell # \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Unique physical traits (e.g., birth marks)  
\_\_\_\_\_

Blood Type \_\_\_\_ Allergies \_\_\_\_\_

Prescription Medications  
\_\_\_\_\_

Medical conditions  
\_\_\_\_\_

Work/school phone #  
\_\_\_\_\_

*Photo*

## Family Member

Name \_\_\_\_\_

Cell # \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Unique physical traits (e.g., birth marks)  
\_\_\_\_\_

Blood Type \_\_\_\_ Allergies \_\_\_\_\_

Prescription Medications  
\_\_\_\_\_

Medical conditions  
\_\_\_\_\_

Work/school phone #  
\_\_\_\_\_

*Photo*

## Student Health Identification Card

*Fill out and detach. Keep in child's backpack.*

Name \_\_\_\_\_

Cell # \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Unique physical traits (e.g., birth marks)  
\_\_\_\_\_

Blood Type \_\_\_\_ Allergies \_\_\_\_\_

Prescription Medications  
\_\_\_\_\_

*My photo here*

