

# *Emergency Data Card*

## O'Fallon School District No. 90

Please Complete Legibly

**Student Name:** \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Father's Work/Phone:** \_\_\_\_\_

\_\_\_\_\_

**Father's Cell Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Mother's Work/Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Mother's Cell Phone:** \_\_\_\_\_

**Names of Parents or Guardians :**

**Medical Conditions and Treatments:**

**In Home:** \_\_\_\_\_

\_\_\_\_\_

**Not in Home:** \_\_\_\_\_

**Allergies (food or meds)**

**Release to non-custodial parent/guardian?**    Yes    No    N/A

**Local Emergency Numbers (other than parents):**

**Medications (at home or at school)**

Name _____	Relationship _____	Phone _____
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<b>Name</b>	<b>Amount</b>	<b>Time</b>
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Name _____	Relationship _____	Phone _____
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\_\_\_\_\_

**Other children living at home:**

**Doctor:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

Name _____	School _____
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**This information may be shared with medical personnel and school staff.  
Emergency personnel and/or ambulance may be called if necessary.**

\_\_\_\_\_

Signature _____	Date _____
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