

## EMERGENCY PERMISSION AND INFORMATION CARD

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Grade \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Mother/Guardian  
With Whom Child Resides \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Father/Guardian  
With Whom Child Resides \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

**IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED  
CONTACT:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Health Problems and Medications (allergies, drug reactions) \_\_\_\_\_

If you would like your child to receive over the counter medication (including Tylenol or Acetaminophen), you must provide the medicine in the original container with your child's name on the container.

**ALL MEDICATION (INCLUDING OVER THE COUNTER MEDICATION) MUST BE KEPT IN THE HIGH SCHOOL OFFICE.**

I recognize that while my son/daughter is attending Webberville Community Schools medical treatment on an emergency basis may be necessary and that school personnel may not be able to reach me for my consent for emergency medical care; I hereby consent to emergency medical care, including hospital care, as may be necessary under the existing circumstances.

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

Date \_\_\_\_\_

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