

STUDENT ID # _____

Sport _____
Grade _____

ANN ARBOR PUBLIC SCHOOLS
PARENTAL INSTRUCTION IN CASE OF EMERGENCY

STUDENT _____ BIRTHDATE _____
(legal last name) (legal first name) (middle initial)

ADDRESS _____ APT# _____ ZIP _____

IN CASE MY CHILD BECOMES ILL OR INJURED AT SCHOOL, PLEASE CALL _____ OR

(name of father or guardian) (place of employment) (work phone) OR

(name of mother or guardian) (place of employment) (work phone) OR

If parents cannot be reached, call _____
(name of relative or neighbor) (relationship) (phone number)

IF NOTE OF THE ABOVE PARTIES CAN BE CONTACTED, I INSTRUCT THE SCHOOL TO CONTACT:

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Or the emergency room staff at _____ OR the _____ Emergency Health Clinic Phone _____

If the designated parties are not available, I understand appropriate emergency care deemed advisable by school authorities will be sought. Any special directions appropriate to my child have been check on the reverse side of this card.

DATE _____ SIGNATURE _____
(parent or guardian)

IMPORTANT: PLEASE TURN CARD OVER AND COMPLETE

HEALTH FACTORS

This information will be shared with appropriate school staff. Please put an "X" in the appropriate box, specify where indicated, and sign your name.

- Δ 1. Religious objections to physician contact
- Δ 2. Contact lens/glasses
- Δ 3. Bone/joint condition: _____
- Δ 4. Diabetes
- Δ 5. Heart Condition

- Δ 6. Seizure disorder
- Δ 7. Hypertension or high blood pressure
- Δ 8. Asthma
- Δ 9. Special blood condition _____
- Δ 10. Critical allergies (reaction):
med/drug _____
food _____
insect _____
other _____
- Δ 11. Medications needed or used: _____
- Δ 12. Other conditions or problems: _____

- Δ 13. None known

Date _____ Signature _____

(parent or guardian)

IMPORTANT: PLEASE TURN CARD OVER AND COMPLETE