



Emergency Medical Information Card

Front

Emergency Medical Information Card	
Student Name:	Photo
School: Grade:	
Medical Condition:	
Parent/Guardian:	Home Phone:
Home Address:	Cell Phone: Work Phone:
*Parents are responsible for updating the student's emergency information and medications.	

Taken from: *Emergency Planning for Students with Special Needs, created by the Region 10 Low Incidence Projects.*



Back

Emergency Medical Information Card	
Student Name:	Birth Date:
Blood Type:	Allergies:
Physical Limitations:	
Communication Difficulties:	
Adaptive Equipment:	
Primary Care Physician:	Emergency Phone
Specialty Physician:	Emergency Phone
Insurance Company:	Policy Number:
Medication:	Dosage/Frequency:
*Parents are responsible for updating the student's emergency information and medications.	