Emergency Medical Information Card

Front

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

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.	

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