Bus #: _____

Homebase teacher: _____

Grade: _____

CHICKAHOMINY MIDDLE SCHOOL
EMERGENCY DATA CARD
2019 - 2020

Date of Birth: _____

○ Male ○ Female

Name: _____
Last *First* *Middle* *Nickname*

Parent's Name: Mother _____ Home Phone _____

Father _____ Home Phone _____

E-mail: Mother _____ Father _____

Address where student resides: _____ Zip Code _____
Child Resides With: Mother_____ Father _____ Both _____ Guardian _____
Legal Custody: Joint _____ Mother _____ Father _____ Guardian _____

Guardian's Name: _____ Home # _____ Work # _____

Mother's Phone: Home # _____ Work # _____ Cell # _____

Father's Phone: Home # _____ Work # _____ Cell # _____

List at least two relatives/friends who will assume temporary care and have permission to pick up student if parent/guardian cannot be reached. PLEASE KEEP NUMBERS UPDATED.

Name _____ Relation _____ Daytime # _____

Name: _____ Relation _____ Daytime # _____

Medications taken regularly: _____
Does your child have any medical conditions that will require special care? If so, indicate below with details:

YES **NO**

_____ _____ Allergies (state what kind) including food, environmental, insect (bees, wasps, yellow jackets), etc.
_____
_____ _____ Asthma (physicians name/number/medication) _____
_____ _____ ADD or ADHD _____
_____ _____ Cardiovascular, Cardiologist name/number _____
_____ _____ Diabetes (include physicians name/number) _____
_____ _____ Hearing Deficit (wears hearing device? Yes No) _____
_____ _____ Juvenile Arthritis _____
_____ _____ Migraines (physicians name/number medication)_____
_____ _____ Scoliosis (physicians name/number) _____
_____ _____ Seizures (neurologist name/number) _____
_____ _____ Urinary Tract Problems (urologist name/number) _____
_____ _____ Vision Correction Glasses Contacts (circle one) _____
_____ _____ Wheelchair bound _____
_____ _____ Other _____

Parent Authorization:
In case of serious accident or serious illness, I request the school to contact me. If the parent, relative(s), or friends listed on front cannot be reached, the school may make arrangements deemed necessary, including transportation to a medical facility via rescue squad, to obtain medical assistance.

_____ _____
Signature *Date*

Physician name: _____ Phone number: _____

Dentist named and number: _____ Hospital choice _____