

2016-2017

KEHOE-FRANCE SCHOOL
FIRST AID INFORMATION CARD

LAST NAME (Please print)

FIRST NAME

GRADE

HOME PHONE NUMBER

BIRTH DATE

AGE

MOTHER'S NAME

FATHER'S NAME

WORK

WORK

CELL

CELL

E-MAIL

E-MAIL

PHYSICIAN'S NAME

PHONE NUMBER

Do any of the following apply to your child. If so, please mark according.

Asthma _____

Inhaler in office _____

Bug Bite Allergies _____

Other Known Allergies _____ EpiPen in Office _____

Heart Problems _____

Seizures or Convulsions _____

Any medical condition we should be aware of in the best interest of your child? _____

School may call the following persons if I cannot be reached should my child become ill or is injured.

Friend/Relative

Relationship

Phone Number

Friend/Relative

Relationship

Phone Number

In case of injury or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call and/or release my child(ren) to the persons indicated above. Please note that your child will not be released to anyone other than those above.

Parent/Guardian