First Aid and Emergency Medical Care (First Aid Card)

This card must be completed yearly for each student in the district.

FIRST AID AND PHYSICAL EDUCATION CARD	
If unable to reach parents, please call:	
NamePhone	
Relationship to student	
Physician:Phone	
Please list any illnesses or conditions your child may have that the school should know about:	
My child can participate in all physical education activities:yesno	
Parent signature	
STUDENT ACCIDENT/INJURY/ILLNESS	
Student accident/injury report:	

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