

LAGUNA HIGH SCHOOL EMERGENCY CARD

Student's Name: _____
Last First Middle

Address: _____ Phone: _____

In case of illness or accident, Laguna High School is authorized to proceed as indicated below:

Contact mother/guardian _____ Phone: _____

Contact father/guardian _____ Phone: _____

Contact doctor _____ Phone: _____

Contact relative/neighbor _____ Phone: _____

Contact relative/neighbor _____ Phone: _____

INSURANCE CARRIER:

Name _____ I.D. Number _____ Phone Number _____

I request that my child receive first aid services by trained school personnel and authorize s/he be attended by a licensed physician and/or taken to the nearest hospital in the event that the condition warrants such action. I will accept the school's decision regarding my child's condition. If emergency card information changes, I will notify the school in writing.

Signature of Parent/Guardian: _____ Date _____

In regards to the possible systemic reaction of a student attending Laguna High School, emergency treatment consisting of an Epi-Pen containing a one time dose of 0.3 cc epinephrine may be administered. Written authorization to administer the Epi-Pen is requested from the parent or guardian.

Student's Name _____

I/We the undersigned parent(s) or legal guardian(s) having legal custody of the above minor, do hereby authorize school personnel to act as our agents and to administer the Epi-Pen in the event it is determined by the school personnel that our child is experiencing an allergic reaction.

Signature of Mother/Guardian Print Name Date

Signature of Father/Guardian Print Name Date