

STUDENT EMERGENCY INFORMATION CARD (Confidential)
School/Program: CHC Learning Center

School Year: 2024 - 2025
School Phone 716-831-8422

Student Name:	Sex:	Date of Birth:
Home Address:	School District:	
Home Phone:		
Parent/Guardian:		
Mom Work Phone:	Dad Work Phone:	
Mom Cell Phone:	Dad Cell Phone:	
ALTERNATE EMERGENCY DROP OFF:		
Name:	Relationship:	
Address:	Emergency Phone:	
EMERGENCY CONTACTS:		
Name:	Home Phone:	
Work Phone:	Cell Phone:	
Name:	Home Phone:	
Work Phone:	Cell Phone:	
EMERGENCY MEDICAL INFORMATION:		
Physician:	Phone:	
Allergies:		
Diagnosis:		
PREFERRED HOSPITAL: JOHN R. OISHEI CHILDREN'S HOSPITAL B		
FIRST AID CONSENT ON FILE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
CHECK WHICH OF THE FOLLOWING ARE APPLICABLE:		
<input type="checkbox"/> Can Talk a little	<input type="checkbox"/> Cannot Talk	<input type="checkbox"/> Can Walk (w/ assistance)
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hemophiliac	<input type="checkbox"/> Cognitive Delay
<input type="checkbox"/> Hearing problem	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Medically Fragile
<input type="checkbox"/> Other:	<input type="checkbox"/> Cannot Walk	<input type="checkbox"/> Vision Problem
SPECIAL INSTRUCTIONS FOR MANAGING STUDENT'S BEHAVIOR/MEDICAL NEEDS:		
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<p>SPECIAL NOTES: Families - please update this as your information changes. This sheet is to be with the student at all times when she/he is being transported to/from school. Some suggested ways to have the card with your child include: put in backpack or carry bag; place in jacket pocket with a safety pin; keep in a transparent bag or plastic 3 ring pencil case.</p> <p>**NOTE – All children who are younger than four years of age – MUST be in a car seat or booster seat by law.</p>		