

OCHS EMERGENCY INFORMATION CARD

Student: Last Name: _____ First Name: _____ MI: ____ Home Phone: _____

Address: _____

Soc. Sec #: _____ / _____ / _____ DOB: _____ / _____ / _____ Age: _____ School Insurance: Yes _____ No _____

PERSONS TO NOTIFY IN CASE OF EMERGENCY:

1. _____ Relation: _____ Home Phone: _____ Work Phone: _____
2. _____ Relation: _____ Home Phone: _____ Work Phone: _____

ANY KNOWN MEDICAL PROBLEMS (ALLERGIES ETC.)

Name of Health Insurance Company: _____ Contact #: _____

Address of Health Insurance Company: _____

Name of Policy Holder: _____ Relation: _____

Address of Policy Holder: _____

Name of Family Physician: _____ Phone: _____

IN CASE OF EMERGENCY, I GIVE MY PERMISSION FOR MEDICAL TREATMENT

Parent / Legal Guardian: _____

Parent's Email Address: _____ @ _____

Other Email: _____ @ _____