

SOUTHERN LOCAL EMERGENCY MEDICAL CARD

CAR/BUS#: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MIDDLE

PARENT'S ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
STREET STATE ZIP

PRIMARY CONTACT: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

ADDITIONAL CONTACT: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ CELL/WORK: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

AUTHORIZATION FOR: TYLENOL: \_\_\_\_\_ ADVIL: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

In accordance with Board Policy no medication (over-the counter or prescription) may be given to any student without a written prescription from a licensed health professional authorized to prescribe drugs accompanied by the written authorization of the parent/guardian.