SOUTHERN LOCAL EMERGENCY MEDICAL CARD

			CAR/BUS#	
			GRADE	
STUDENT NAME			BIRTHDAY/	
LAST	FIRST	MIDDLE	,,	
PARENT'S ADDRESS			PHONE NUMBER	
	CITY			
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.