



Cuthbertson High School
Emergency Information Card

Student's Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Work/Cell Phone: _____

In case of emergency, contact: _____ Relationship: _____

Insurance provided by: _____ Company Contract/Group # _____

Allergies (if any): _____

Family Physician: _____ Phone Number: _____

In the event of a medical emergency during my absence, I authorize Cuthbertson High School to proceed with emergency medical services deemed necessary for my child, _____.

Parent Signature

Date