

# EMERGENCY CARE CARD

Please complete and return this form to your Four County Area Vocational instructor.

NAME \_\_\_\_\_ VOC. CLASS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

SPECIAL CONDITIONS \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT PHONE (DAY) \_\_\_\_\_ PHONE (EVENING) \_\_\_\_\_

CONTACT IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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