

EMERGENCY CARD – CDT

2023-2024

Name _____ Birthdate _____ Grade _____
Last First Middle

Home Address _____

Parent/Guardian Name _____ Where Employed _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian Name _____ Where Employed _____

Home Phone _____ Cell Phone _____ Work Phone _____

Who lives in home? _____ Sibling Names and Ages _____

In case of emergency and parents unreachable, please list 3 responsible people WITH TRANSPORTATION:

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Any active restraining/protective orders? Yes/No If yes, who? _____

Please provide court documentation of restraining/protective orders.

PROVIDERS:

Therapist Name _____ Phone: _____

Psychiatrist Name _____ Phone: _____

IICAPS Worker _____ Phone: _____

DCF Worker _____ Phone: _____

Other Outside Services _____ Phone: _____

Primary Care Provider Name _____ Phone: _____

Date of Last Physical Exam (Please provide copy) _____ Date of Next Physical Exam: _____

Immunizations Up to Date: YES NO

List any illness, injury, or surgery your child has had: _____

List any medications your child is currently taking at home: _____

Allergies:

Medications: _____

Food: _____

Environmental: _____

Bee Sting Reaction:

Local Swelling _____ Hives, Itching _____ Breathing Problems, Coughing, Wheezing _____

Asthma:

No Yes _____

If yes for Asthma or have Anaphylactic allergy please supply Doctors order & supply medication for inhaler and/or Epipen

Health Insurance _____ ID# _____

Parent/Guardian Email(s): _____

Signature of Parent/Guardian: _____ **Date:** _____