

Emergency Medical Information Card

Laminate this card and affix it to a lanyard for the special needs student to wear during an emergency:

Front

Emergency Medical Information Card	
Student Name:	Photo
School: Grade:	
Medical Condition:	
Parent / Guardian:	Home Phone:
Home Address:	Cell Phone: Work Phone:
*Parents are responsible for updating the student's emergency information and medications.	

Back

Emergency Medical Information Card	
Student Name:	Birth Date:
Blood Type:	Allergies:
Physical Limitations:	
Communication Difficulties:	
Adaptive Equipment:	
Primary Care Physician:	Emergency Phone:
Specialty Physician:	Emergency Phone:
Insurance Company:	Policy Number:
Medication:	Dosage / Frequency:
Parents are responsible for updating the student's emergency information and medications.	

