



_____ Student Last Name / Student First Name _____

EMERGENCY CONTACT CARD

Please complete both sides of this card. Below, please provide contact information we may use to get in touch in the event of an emergency.

MAS	<input type="checkbox"/>
HMS	<input type="checkbox"/>
Grade	_____

1. Name _____ Relationship _____

Phone (H) _____ Phone (Cell) _____ Phone (W) _____

2. Name _____ Relationship _____

Phone (H) _____ Phone (Cell) _____ Phone (W) _____

3. Name _____ Relationship _____

Phone (H) _____ Phone (Cell) _____ Phone (W) _____

4. Name _____ Relationship _____

Phone (H) _____ Phone (Cell) _____ Phone (W) _____

Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /	
Does child have Health Insurance? YES / NO If Yes, name of child's Health Insurance Carrier							
Parent/ Guardian Name			Home Telephone #			Work/Cell Telephone #	
Parent/ Guardian Name			Home Telephone #			Work/Cell Telephone #	
Child's Healthcare Provider				Healthcare Provider Phone #			
<i>I give my consent for my child's Health Care Provider and Project Launch Newton staff to discuss the information on this form.</i>							
Signature/Date							
Chronic Medical Conditions/Related Surgeries		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Enclosed		List All:			
Medications/Treatments		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Enclosed		List All:			
Limitations to Physical Activity		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Enclosed		List All:			
Special Equipment Needs		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Enclosed		List All:			
FOOD & Other Allergies		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Enclosed		List All:			
Special Diet/Vitamin & Mineral Supplements		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Enclosed		List All:			
Behavioral Issues/Mental Health Diagnosis		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Enclosed		List All:			
Emergency Plans		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Enclosed		List All:			