



Toltec School District
3315 N Toltec Road
Eloy, Arizona 85131
District 520/466-2360

- Toltec Elementary School 520-466-2350
 Arizona City Elementary School 520-466-2450

Student Emergency Information Card

Office Use:		Alert Set:		Teacher:		Grade:	
Student's Legal Name:							
		<i>Last</i>	<i>First</i>		<i>Middle</i>		
Date of Birth:		/ /				Gender: M F	
Physical Address:							
No. Street				City/ State		Zip	
Mailing Address:							
P.O. Box				City/ State		Zip	
(Select Only One) Primary Contact:		Primary Contact Phone#:		Permission to Text:		Cell Phone Carrier:	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Father/Stepfather's Name:						Primary Contact: Y N	
		<i>Last</i>	<i>First</i>		<i>Middle</i>		
Home Phone:		Work Phone:		Cell Phone:			
Mother/Stepmother's Name:						Primary Contact: Y N	
		<i>Last</i>	<i>First</i>		<i>Middle</i>		
Home Phone:		Work Phone:		Cell Phone:			
Legal Guardian's Name:						Primary Contact: Y N	
		<i>Last</i>	<i>First</i>		<i>Middle</i>		
Home Phone:		Work Phone:		Cell Phone:			
In Case of Emergency: Name of person who could assume temporary responsibility for student:							
1.		Phone:		Relation to Student:			
2.		Phone:		Relation to Student:			
3.		Phone:		Relation to Student:			
Siblings attending Toltec schools:							
<i>I, the undersigned parent/guardian, hereby give my consent for the above name child to be released to the friend/relative I have designated and/or to be taken to the nearest hospital in case of emergency.</i>							
Signature of Parent/Guardian:						Date:	
Family Doctor:				Phone:			
Family Dentist:				Phone:			
Medical History of Student (if yes, give dates please)							
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serious Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No		
German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Epilepsy/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Strep Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Operations (explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Abnormalities, Handicaps or other Significant Health Information			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Any known Allergies (to medications, food, insects, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No				
						Is your child on daily medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please specify what type of medicine:</i>							
						May Tylenol be given to student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						May Ibuprofen be given to student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May Throat Lozenge/Cough drop, Tums, Benadryl or Pepto-Bismol be given to student?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
** Primary Contact wishes to be contacted prior to any medications being administered to my child: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Primary Contact prefers to be contacted by at which number: <input type="checkbox"/> Phone: <input type="checkbox"/> Cell Phone:							
<i>I, the undersigned parent/guardian, hereby give my consent for the above-named child, to be given the medications indicated above as needed for minor pain or discomfort.</i>							
Parent/Guardian Printed Name:							
Signature of Parent/Guardian:						Date:	