

# HILLSBORO ACTIVITY EMERGENCY CARD

rev. 4/01



Name \_\_\_\_\_ Gr. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother and Work number \_\_\_\_\_

Father and Work number \_\_\_\_\_

Neighbor and phone number \_\_\_\_\_

Physician and Off. Phone \_\_\_\_\_

Dentist and Off. Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

**IN CASE OF EMERGENCY**, I request that my child be taken to \_\_\_\_\_ hospital. If the school or hospital is unable to contact me, I hereby authorize the school and/or hospital and physician to treat my child as they deem necessary.

**DATE** \_\_\_\_\_

Signature of Parent or Guardian