

**Bloomington Area Career Center
STUDENT EMERGENCY INFORMATION CARD**

Date _____

Instructions: You are asked to complete information on this card so that in case of emergency, we can provide help while you are attending the Bloomington Area Career Center. Please inform the person you list as an emergency contact (other than your parents) that you are giving their name to the school. Indicate the hospital you prefer to be taken to if an emergency arises. Please return this with your completed forms.

Student's Name _____
(First) (M) (Last)

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Birth Date _____ M _____ F _____

Home High School _____ Grade _____

Mother's (Guardian) Name _____

Home Phone # _____ Cell # _____

Mother's Employment _____

Work # _____

Email Address _____

Father's (Guardian) Name _____

Home Phone # _____ Cell # _____

Father's Employment _____

Work # _____

Email Address _____

Emergency Contact (other than parent) _____

Address _____ Zip Code _____

Relationship _____ Phone Contact # _____

Family Doctor _____ Phone # _____

Hospital Preferred _____

Health Problems/Allergies _____

Medications _____