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_____

Address_____

City_____ State_____ Zip_____

Home Phone #_____ Cell #_____

Mother's Employment_____

Work #_____

Email Address_____

Father's (Guardian) Name_____

Address_____

City_____ State_____ Zip_____

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_____