

Bluford Community Consolidated School

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Bluford, IL 62814-0019

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District No. 114

Email: bluford@roe25.com

Scott Porter, Superintendent

Nurse's Emergency Information Card

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Mother's Name: _____

Daytime Phone: _____ Daytime Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Name of responsible adult who will assume responsibility for the child if parent/legal guardian cannot be reached:

1. _____ Phone Number(s) _____

2. _____ Phone Number(s) _____

3. _____ Phone Number(s) _____

Health Care Provider: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Preferred Hospital: _____

Insurance: YES: _____ NO: _____ Insurance Provider: _____

Provider Number: _____

Medical Card: YES: _____ NO: _____ Number: _____

Medications (Please List Name and Dosage):

Known Health Problems:

Parent/Legal Guardian Signature

Date