HASLET ELITE LEARNING CENTER EMERGENCY/FIRST AID/MED CARD

Child's na	me		
Age	Weight	Blood Type (If known)	
Medical C	Conditions		
Allergies			
Medicatio	ns		
Parent/Gu	ardian		
Phone Nu			
Medical I	nsurance Carrier		
I as parent	and/or legal guardian	of	
give perm	ission for medical trea	tment in case of any emergency.	
Date		Signature	
Child's na		HASLET ELITE LEARNING CENTER EENCY/FIRST AID/MED CARD	
		_Blood Type (If known)	
Allergies			
Medicatio	ns		
Parent/Gu Phone Nu			
I none ivu			
Medical I	nsurance Carrier		
I as parent	and/or legal guardian	of	
give perm	ission for medical trea	tment in case of any emergency.	
Date		Cignotura	

ATTENTION: Run several on 3X5 inch cards and attach them to the handbook when passing them out. These cards are then hole punched in one corner and put on a ring that the teacher could take on a field trip or when transporting.