Student Health Identification Card	Family Member	Family Member	Family Member	Your Family Name: Date:
Medical conditions Doctor phone # Dentist phone # Parent/Guardian Phone/cell # Contact person #2 Phone/cell #	Name DOB// Hair Color Eye Color	Name DOB/ Cell # DOB/ Hair Color Eye Color Unique physical traits (e.g., birth marks)	Name DOB/_/ Hair Color Eye Color	Health Emergency Card
	Unique physical traits (e.g., birth marks) Blood Type Allergies Prescription Medications	Unique physical traits (e.g., birth marks) Blood Type Allergies Prescription Medications	Unique physical traits (e.g., birth marks) Blood Type Allergies Prescription Medications	
	Medical conditions Work/school phone #	Medical conditions Work/school phone #	Medical conditions Work/school phone #	Caru
Location to meet if separated	Photo	Photo	Photo	
			7280 New York State Department of Health 7/10	ICI - AMATIN

Important Phone Numbers	Important Phone Numbers	Family Member	Family Member	Student Health Identification Card
Main contact person	Out-of-state contact #2 Phone/cell	Name Cell # DOB / /	Name Cell #	Fill out and detach. Keep in child's backpack. Name
Phone/cell	Place family meets, if separated	Hair Color Eye Color	Hair Color Eye Color	Cell # DOB/_ /
Contact person #2	Physician	Unique physical traits (e.g., birth marks)	Unique physical traits (e.g., birth marks)	Hair Color Eye Color Unique physical traits (e.g., birth marks)
Phone/cell	Hospital Pediatrician	Blood Type Allergies Prescription Medications	Blood Type Allergies Prescription Medications	Blood Type Allergies
Out-of-state contact Phone/cell	Pharmacist	Medical conditions	Medical conditions	Prescription Medications
	Medical Insurance Veterinarian/Kennel Other	Work/school phone #	Work/school phone #	My photo here
	**************************************	Photo	Photo	