Eugene School District 4J
Emergency Information Card

Full Name _____   School _____

List two people to contact in case of emergency:

Name_____   Phone_____

Name_____   Phone_____

Do you have a hospital preference? ☐ yes   ☐ no   Hospital _____

Do you have a medical condition, or are you taking medicine we should know about in case of an emergency? ☐ yes ☐ no

If yes, please explain: