

**ARISE
EMERGENCY CARD**



NAME:

AGE: BIRTHDATE:

DISABILITY:

PARENT NAME:

PHONE NUMBER: (HOME) (WORK)

E-MAIL ADDRESS:

MY CHILD RECEIVES FREE OR REDUCED LUNCH: YES___NO___

Please update the following information.

MEDICAL RESTRICTIONS: (EMERGENCY MEDICAL PROCEDURES -if any):

PHYSICAL RESTRICTIONS:

COMMUNICATION:

BEHAVIOR: (If concerns, any specific behavior plans in place)

LIKES/DISLIKES: (fears- dogs, bugs, etc. or topics to avoid or use to comfort)

ETHNIC ORIGIN

This information would be appreciated but not required. The information is used in grant reports and applications.

Please check those where child is at least a quarter:

- White/European American/European
- Black or African American
- Asian (Asian Indian, Chinese, Japanese, Filipino, Korean, Vietnamese, other Asian)
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino (Mexican, Puerto Rican, Cuban, or other Hispanic or Latino)
- Multi-racial
- Unknown