

# My ECC

(Emergency Contact Card)

Cut and paste a recent photo here.

DIRECTIONS: Please fill out the following information with your parent or guardian. Place this card in your book bag or wallet to keep with you at all times.

## MY INFORMATION

First and Last Names: \_\_\_\_\_

Nickname: \_\_\_\_\_

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

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## MY PARENT/GUARDIAN'S INFORMATION

First and Last Names: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

## MY LOCAL CONTACT'S INFORMATION (in case a parent/guardian cannot be reached)

First and Last Names: \_\_\_\_\_

Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Relation to me (friend/uncle): \_\_\_\_\_

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## MY OUT-OF-TOWN CONTACT'S INFORMATION (in case local contacts cannot be reached)

First and Last Names: \_\_\_\_\_

Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Relation to me (friend/uncle): \_\_\_\_\_

## MY DOCTOR'S INFORMATION

First and Last Names: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

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## MEDICAL OR SPECIAL CARE INFORMATION

I have the following medical conditions and/or allergies: \_\_\_\_\_  
\_\_\_\_\_

I take the following prescription medications: \_\_\_\_\_  
\_\_\_\_\_

I need the following medical treatment or care: \_\_\_\_\_  
\_\_\_\_\_