



Information for Victory Emergency Procedure Card

Family Name _____

Pupil _____ Grade ____ Pupil _____ Grade ____

Pupil _____ Grade ____ Pupil _____ Grade ____

In case of emergency or illness, call the following numbers in this order:

1. Contact Name _____ Phone _____

2. Contact Name _____ Phone _____

3. Contact Name _____ Phone _____

4. Contact Name _____ Phone _____

Family Doctor _____ Phone _____

Important Notes: _____

Please indicate medications that may be given to your children without notification:

Tylenol

Ibuprofen

Cough Drops

Antacids