

EMERGENCY INFORMATION CARD

DATE _____ SCHOOL _____ GRADE ___ Homeroom _____

Student's Name (Please Print) Last Name _____ First Name _____

Residing Address _____

Mailing Address _____

Home Phone# _____

Non Residing Parent Name/Address (if applicable) _____

_____ Home Phone# _____

Cell Phone# _____ Work Phone # _____ E-mail _____

PARENT/GUARDIAN CONTACT INFORMATION (Please prioritize phone #'s numerically, using check box)

Guardian 1 Name _____ Relationship _____

Home Phone # _____ Cell # _____

Work Phone # _____ Work E-Mail _____

Guardian 2 Name _____ Relationship _____

Home Phone # _____ Cell # _____

Work Phone# _____ Work E-Mail _____

Chronic Physical Problems _____

Allergies _____

List relatives or neighbors who will be available and permitted to pick up and/or assume temporary care if unreachable

Name _____ Relationship to Student _____

Address _____

Tel # Home _____ Cell # _____ Work# _____

Name _____ Relationship to Student _____

Address _____

Tel # Home _____ Cell # _____ Work# _____

Physician's Name _____ Office Tel# _____

Physician's Name _____ Office Tel# _____

Dentist's Name _____ Office Tel# _____

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me or any one listed above, I hereby authorize the school to call the physician(s) indicated below to follow his or her instructions. If no physician's reachable, the school may make necessary arrangement.

Parent/Guardian Signature _____