

EMERGENCY INFORMATION CARD

Grade/H.R. _____

PLEASE PRINT

Public School child would attend _____

Student's Name _____ School District _____

Social Sec. # _____ Birth Date _____ Bus # _____

Address _____ Home Phone # _____

City _____ Zip _____

Where can parents be reached if not at home? _____

Mother _____ Work Name _____ Work Phone # _____

Work Address Name/Last _____ City _____ Cell Phone # _____

Father _____ Work Name _____ Work Phone # _____

Work Address Name/Last _____ City _____ Cell Phone # _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Relationship _____

Address _____ Phone _____ Cell _____

2. Name _____ Relationship _____

Address _____ Phone _____ Cell _____

Date _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian _____

Medication:

Allergies:

Other Conditions:

Remarks:

Student's Physician's Name

Student's Dentist's Name

Address _____

Address _____

Phone _____

Phone _____

Hospital _____

*****TURN CARD OVER*****