

EMERGENCY INFORMATION CARD

Grade_____

Please Print

Homeroom_____

Student's Name _____ Bus. No. _____

Last

First

Address _____ Zip _____

Home Telephone _____ Birthdate _____

Where can parent/guardian be reached if not at home?

Mother _____

First Name

Last Name

Address

Work No.

Cell#

Father _____

First Name

Last Name

Address

Work No.

Cell#

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____

Address _____ Tel. _____

2. Name _____

Address _____ Tel. _____

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/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of parent/guardian _____

Remarks

Allergies

Other Conditions

Local Physicians Name _____

Address _____

Office Telephone No. _____ Other Telephone No. _____