



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._____