

EMERGENCY INFORMATION CARD

Student's Name _____ School Year _____

Date of Birth _____ Grade _____ Teacher _____

Home Phone _____ Cell/Mother _____

Cell/Father _____ Emergency Caretaker _____

Email Address _____

Check additional ways you would like to be contacted Email Text Other _____

Home Address _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Child lives with Both Parents Mother Father Other _____

Custody Alert (*Note Documentation Required) _____

Health Problems _____

Allergies _____

Emergency Caretakers if Parent/Guardian/Caregiver Unavailable

Name _____ Relation _____ Phone/Cell _____

Name _____ Relation _____ Phone/Cell _____

Name _____ Relation _____ Phone/Cell _____

Name _____ Relation _____ Phone/Cell _____

MEDICAL CARE

PHYSICIAN _____ Phone _____

DENTIST _____ Phone _____

Medical Insurance Company _____ Group Name/Plan Number _____

Name of Policy Holder _____ Phone _____

AFTER SCHOOL ARRANGEMENTS (Notify school immediately if these arrangements change)

WALK PARENT PICK-UP AFTER SCHOOL OTHER (please state) _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to transport my child by ambulance to _____ Hospital. I understand that I am responsible for all expenses incurred.

Signature of Parent/ Guardian/ Caregiver _____ Date _____