

EMERGENCY INFORMATION CARD

Last Name _____ Home Phone: _____

Home Address _____ City, State Zip _____

Father Email _____

Mother Email _____

Child's Name Grade Allergies/Medical Problems

Father's Name _____ Cell # _____

Place of Employment _____ Work # _____

Mother's Name _____ Cell # _____

Place of Employment _____ Work # _____

EMERGENCY CONTACTS (other than parents):

Name Relationship Phone #

Doctor's Name _____ Office # _____

Address _____

In case of an 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 above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Parent Signature _____ Parent Signature _____

Date _____