

Student(s) Last Name:

STUDENT EMERGENCY CARD

Student:

Grade:

Birthdate:

Student:

Grade:

Birthdate:

Student

Grade

Birthdate:

Student:

Grade:

Birthdate:

Parent/Guardian Information

Father/Guardian:

Home:

Address:

Work:

Cell:

Email:

Mother/Guardian:

Home:

Address:

Work:

Cell:

Email:

If I/we, the parent(s)/guardian(s), cannot be reached in an emergency, I/we give permission to the school to contact the person(s) listed below: Please notify the school office of any changes made during the school year. Pick-up permission on reverse side.

Name:

Home Phone:

Relationship:

Cell Phone:

Name:

Home Phone:

Relationship:

Cell Phone:

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

If the school is unable to reach me/us or our family physician/dentist in the event of an emergency requiring medical/dental treatment (check one):

_____ I/we give the school permission to call another physician/dentist or emergency service of the school's choice.

_____ I/we do not give the school permission to choose another physician/dentist or emergency service. I/we provide the following alternatives to be contacted:

Alternate Physician: _____ Phone: _____

Alternate Dentist: _____ Phone: _____

Special medical, physical or other conditions (including allergies) exist for:

Name of Student: _____ Grade: _____

Special Conditions: _____

Name of Student: _____ Grade: _____

Special Conditions: _____

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK-UP MY CHILD(REN)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____