EMERGENCY INFORMATION CARD

Student 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 # Cell #

Father _____
First name Last name Address Work # Cell #

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

1. Name _____

   Address _____ Phone # _____

2. Name _____

   Address _____ Phone # _____

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

Signature of parent/guardian _____

Remarks:
Allergies or other conditions:

Local Physician's name_____ Office Phone # _____

Address _____ Other Phone # _____