

Emergency Card

Students Last Name _____ First Name _____ DOB _____

Home Address _____ Home Phone _____

Legal Custody: Both Parents _____ Mother _____ Father _____ Other _____

Father's Name _____ WorkPhone _____ Cell _____

Mothers Name _____ WorkPhone _____ Cell _____

Persons to whom we may entrust your child in event parent cannot be reached:

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

In case of accident or serious injury, I request the school contact me first. If the school is unable to reach me, I hereby authorize the school to call the physician listed below and follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary so that my child receives immediate medical attention.

Parent/Guardian Signature _____

Remarks _____

Allergies/Medical Conditions _____

Local Physician's Name and Contact Number _____