

EMERGENCY INFORMATION

Bus # _____ Car Rider _____ Walker _____ Court order on file _____

STUDENT ID# _____

STUDENT _____ BIRTH DATE _____ / _____ / _____
Last first middle Month Day Year

ADDRESS _____
Street City State Zip Code

Mailing Address (if different) _____
Street/P.O. Box City State Zip Code

Home Phone (_____) _____ E-MAIL _____

MOTHER

FATHER

OTHER

Name _____

Day phone _____

Cell phone _____

Mailing Address _____

Lives With? Yes _____ No _____
OK to Pick Up? Yes _____ No _____
OK to Contact? Yes _____ No _____

Lives With? Yes _____ No _____
OK to Pick Up? Yes _____ No _____
OK to Contact? Yes _____ No _____

Lives With? Yes _____ No _____
OK to Pick Up? Yes _____ No _____
OK to Contact? Yes _____ No _____

Please provide the information below for the responsible adults to contact if the parents cannot be reached.

#1

#2

#3

Name _____

Relationship _____

Day Phone _____

Cell Phone _____

Brother(s) or Sister(s) attending this school:

1) Name _____

2) Name _____

3) Name _____

4) Name _____

Parental Consent

In case of serious accident or illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults listed above. In the event the adults listed above cannot be reached, the school may make whatever arrangements necessary to provide care and treatment for my child. When necessary, and in the event that I, or any adult listed cannot be reached, school personnel have my permission to request medical transport for my child to the nearest emergency room. Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for any emergency medical service fees.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request the school to contact me to arrange transportation for my child. If the school is unable to contact me, I understand that one of the adults listed above will be contacted and requested to arrange transportation/care for my child until I can be reached.

I understand that it is my responsibility to notify the school any changes in the information recorded on this card and to provide the school with information if there are any custody restrictions involving my child.

I certify that the information provided on this Emergency Information Card is accurate, true, and correct.

_____ Date

_____ Parent /Guardian Signature