

EMERGENCY INFORMATION / PROCEDURE CARD

(Please Print)

STUDENT NAME _____ GRADE LEVEL _____

LAST

FIRST

MIDDLE

SEX: M or F DATE OF BIRTH _____ HOME PHONE _____

FULL HOME ADDRESS _____

IN CASE OF AN ACCIDENT, INDICATE LOCATIONS WHERE PARENTS CAN BE REACHED IF NOT AT HOME (WORK, CELL, ETC.)

MOTHER (Name) _____

LOCATION

HOURS

PHONE

FATHER (Name) _____

LOCATION

HOURS

PHONE

WHOM SHOULD THE SCHOOL CONTACT IF WE CANNOT REACH PARENTS (PLEASE LIST 3 CONTACTS):

NAME _____ Relationship _____ PHONE _____

NAME _____ Relationship _____ PHONE _____

NAME _____ Relationship _____ PHONE _____

Does the student have allergies and/or major health conditions?

YES NO

If yes, please specify _____

PHYSICIAN'S NAME _____ OFFICE PHONE _____

RELEASE In case of an emergency, accident, or serious illness to the student named on this card in which medical treatment is required, I (parent/guardian) request the school contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting the physician indicated above and to follow his/her instructions. If this physician is unavailable, in the school may make whatever arrangements are necessary or transport the student to a hospital emergency room.

PARENT/GUARDIAN SIGNATURE _____ DATE SIGNED _____

REMARKS _____

STUDENT PICK-UP LIST

Please list below the Name(s) and License plate number and/or a brief description of the vehicle(s) that belongs to the person(s) who will generally pick up your child/children:

Name

License plate #/Description of vehicle

_____	_____
_____	_____
_____	_____
_____	_____

Please be sure to contact the office if someone else will be picking up your child (ren).

If your child (ren) walk home, please let us know that also.

Comments: _____