

Emergency Card

 For Office Use Only

After School Care - Yes/No _____

Family Name _____
 Last Mother Father

Marital Status _____

Mother's Address _____ Zip _____

Phone _____

Father's Address _____ Zip _____

Phone _____

Children in School _____
 Name Homeroom Name Homeroom Name Homeroom

 Name Homeroom Name Homeroom Name Homeroom

Email Address (for newsletter) _____

Mother may be reached at _____
 (Home Number) (Cell Number) (Work Number)

Father may be reached at _____
 (Home Number) (Cell Number) (Work Number)

Please indicate with a star (*) above the first three numbers to try to during the school day in case your child is ill

IN CASE EITHER OF THE ABOVE CANNOT BE CONTACTED, PLEASE LIST TWO ALTERNATE EMERGENCY CONTACTS.

1. Name _____
 Relationship to child _____
 Phone _____
 (Home) (work)

2. Name _____
 relationship to child _____
 Phone _____
 (Home) (work)

Preferred Hospital _____

Insurance Co. _____ I.D. _____

Signature of both parents _____
 Mother Father

ALLERGY INFORMATION

Please list any allergies that your child has below

Student Allergies Reaction(s)

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