



EMERGENCY INFORMATION CARD
2010-2011 School Year

Children's Last Name: _____ Home Phone: (____) _____

Home Address: _____

Street

City

Zip

Email Address: _____

Child(ren) - Name(s)

Grade

Date of Birth

Home Via (Car/Walk/Bus)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where parents can be reached if not at home (Who should be called first - Mom/Dad?, please # person & phone):

Mother's Name: _____

First

Last - if different from students's last name

Place of Employment: _____ Phone: (____) _____

Cell/Pager (____) _____ Home Phone: (____) _____

Father's Name: _____

First

Last - if different from students's last name

Place of Employment: _____ Phone: (____) _____

Cell/Pager (____) _____ Home Phone: (____) _____

List two neighbors or local relatives who will assume temporary care and transportation of your child if you cannot be reached:

_____	_____	(____) _____
Name	Address	Daytime Phone
_____	_____	(____) _____

_____	_____	_____
Name	Address	Daytime Phone

Daycare Provider (if applicable):

_____ (____) _____

Name

Address

Phone

Doctor's Name: _____ Phone: (____) _____

Hospital: _____ City: _____

Special medical concerns/allergies/medications currently taking: _____

Insurance Carrier _____ Policy Number _____

AUTHORIZATION

In case of an accident or serious illness, I request the school to contact me. If unable to contact me, I hereby authorize school to call everyone listed and in case of emergency call 911. I have read the above statements, and I agree to supply the data on this card with full knowledge of the information in that statement.

X _____

Parent/Guardian Signature

Date