



**EMERGENCY INFORMATION CARD**  
**2009- 2010 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