



Rankin County School District

TRADITION OF EXCELLENCE

# RANKIN COUNTY SCHOOL DISTRICT EMERGENCY CARD

Student's Name: \_\_\_\_\_  
*LAST FIRST MIDDLE PREFERRED*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

PARENT/GUARDIAN NAME	EMAIL ADDRESS	PLACE OF EMPLOYMENT & PHONE NUMBER	CELL PHONE / PAGER
<i>MOTHER</i>			
<i>FATHER</i>			

1. Do both parents have custody of the student? Yes  No
2. If no, are the most current court papers on file in the school office? Yes  No
3. Are both parents allowed to check the student out of school? Yes  No
4. I wish to receive text messages and/or emails from the school and district Yes  No

Please check your child's primary mode of transportation.

- Car Rider: \_\_\_\_\_ AM \_\_\_\_\_ PM       Bus Rider): \_\_\_\_\_ AM \_\_\_\_\_ PM  
*INCLUDE BUS NUMBER*
- Walker: \_\_\_\_\_ AM \_\_\_\_\_ PM
- Frontier: : \_\_\_\_\_ AM \_\_\_\_\_ PM       Daycare: \_\_\_\_\_ AM \_\_\_\_\_ PM  
*INCLUDE NAME*

***I understand that transportation changes must be made in writing by a note sent with my child, brought to school by a parent, or faxed to the school office.***

My child may be checked out of school or (in emergency medical situations or other situations involving my child's care) be left in the care of individuals listed below and only those individuals. I understand that only the individuals listed may check my child out of school.

NAME OF INDIVIDUAL	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE / PAGER

\*\*You must have a minimum of three working telephone numbers on this emergency card at all times.  
Please contact the school if any of your telephone numbers change.

If I cannot be reached, the school has my permission to secure the most readily available medical services and, if necessary, have my child transported to the nearest emergency care facility. I understand that I will be responsible for any cost related to this action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Describe any health condition or medical problem that may restrict or limit your child's school activities: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list the name and telephone number of local physician: \_\_\_\_\_



# RANKIN COUNTY SCHOOL DISTRICT EMERGENCY CARD

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please initial **ONE** of the following regarding the **discipline procedures** involving my child.

\_\_\_\_\_ I DO NOT OBJECT to my child being paddled/spanked.

OR

\_\_\_\_\_ I prefer that paddling/spanking NOT be used as a consequence. I will PICK UP my child IMMEDIATELY if a severe problem is encountered.

STUDENT NAME				
	DATE	TIME	REASON	SIGNATURE
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2				
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