

Homeroom _____

Grade _____

STUDENT EMERGENCY INFORMATION CARD

ONLY the adults listed on this emergency card will have authorization to have contact with the named student or permission to have the student released to them. *Please print clearly & carefully.*

Name _____
Last First Middle

- Male
- Female
- Nonbinary

Address (where student lives) _____ City Zip Birthdate (Mo/Day/Yr) Student Cell Phone _____

All phone numbers you provide will receive emergency notifications. Check the box for up to 2 phone numbers to also receive general messages/announcements.

Parent/Guardian Living With Student **Relation** _____ Parent/Guardian 2 **Relation** _____ Live with Student?

Name _____ Name _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Cell Phone _____ No text messages Cell Phone _____ No text messages

Mailing Address _____ Mailing Address _____

Language of Correspondence _____ Language of Correspondence _____

E-mail _____ Access to Student Info Online: Authorized Not Authorized E-mail _____ Access to Student Info Online: Authorized Not Authorized

Please circle either Guardian or Emergency to signify Contact Type for the 3rd and 4th people to be called if the above cannot be reached in case of emergency

Guardian/Emergency 3 **Relation** _____ Live with Student? Guardian/Emergency 4 **Relation** _____ Live with Student?

Name _____ Name _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Cell Phone _____ No text messages Cell Phone _____ No text messages

Mailing Address _____ Mailing Address _____

Language of Correspondence _____ Language of Correspondence _____

E-mail _____ Access to Student Info Online: Authorized Not Authorized E-mail _____ Access to Student Info Online: Authorized Not Authorized

ADDITIONAL CONTACTS, NOT LISTED ABOVE, AUTHORIZED TO BE CALLED IN CASE OF EMERGENCY WHEN PARENT/GUARDIAN IS UNAVAILABLE:

(5) Name Primary Phone Second Phone Relationship

(6) Name Primary Phone Second Phone Relationship

WHEN PARENT/GUARDIAN/ALTERNATE IS UNAVAILABLE, I PERMIT THE SCHOOL TO TAKE THE ABOVE-NAMED STUDENT, AT MY PERSONAL EXPENSE, BY AMBULANCE, TO THE NEAREST HOSPITAL FOR TREATMENT TO:

Doctor Phone Address

Hospital Preference Insurance Provider / ID #

Please indicate any medical conditions that could or might result in an emergency situation:

PLEASE CHECK HERE IF THERE ARE **NO KNOWN HEALTH PROBLEMS**

Allergies (insect bites, food, medications, etc) Asthma Seizures Diabetes Hearing Impairment

Corrective Lenses Neurological Disorders Other _____

Other behavioral or mental health conditions: _____

Medications: _____

If necessary to dispense medication during school hours, a formal request signed by a doctor and parent must be completed and kept with the medication at school. A logged record is kept of such dispensing.

Signature _____ Date _____

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LAST NAME

FIRST NAME

I.D. NO.

PRIMARY CONTACT PHONE