

THADDEUS STEVENS ELEMENTARY EMERGENCY CARD FOR OFFICE USE

FOR YOUR CHILD'S SAFETY, please notify the office of any change in this information.

It is important that our information is correct.

Student Information:
Name _____ Birth Date _____
(Last) (First) (Middle)
Child's Primary Address _____ Zip Code _____

Mother/Guardian/Other _____ (Circle One)
___ Lives with Student
Home Address (if different from above) _____ Zip Code _____
Home Phone __(__)_____ Cell Phone __(__)_____ E-mail _____
Employed By _____ - _____ Phone __(__)_____

Father/Guardian/Other _____ (Circle One)
___ Lives with Student
Home Address (if different from above) _____ Zip Code _____
Home Phone __(__)_____ Cell Phone __(__)_____ E-mail _____
Employed By _____ Phone __(__)_____

AM PM Both N/A
Day Care Provider _____ Phone __(__)_____
Address _____ Zip Code _____ Cell Phone __(__)_____

Person to be contacted, if parents are not available. This needs to be a local number.
1. Name _____ Relationship _____ Phone __(__)_____
Cell Phone __(__)_____
2. Name _____ Relationship _____ Phone __(__)_____
Cell Phone __(__)_____

Doctor's Full Name _____ Phone __(__)_____
Dentist's Full Name _____ Phone __(__)_____

_____ Parent/Guardian Signature _____ Date