



MERCY

EMERGENCY INFORMATION CARD 2024-2025

PLEASE PRINT

FAMILY LAST NAME: _____

STUDENT NAME: _____ GRADE _____

STUDENT NAME: _____ GRADE _____

STUDENT NAME: _____ GRADE _____

STUDENT NAME: _____ GRADE _____

STUDENT NAME: _____ GRADE _____

ADDRESS: _____

HOME PHONE: _____ EMAIL: _____

MOTHER NAME: _____ WORK: _____ CELL: _____

FATHER NAME: _____ WORK: _____ CELL: _____

Please list 2 alternate contacts who will assume temporary care of your child if you cannot be reached.

NAME: _____ RELATIONSHIP _____

HOME #: _____ CELL #: _____ WORK #: _____

NAME: _____ RELATIONSHIP _____

HOME #: _____ CELL #: _____ WORK #: _____

It is school policy that in case of emergency, the parent or guardian will be called immediately. If a parent or guardian cannot be reached, the school has permission to have my child(ren) transferred by ambulance to the nearest hospital.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____