

EMERGENCY INFORMATION CARD

Please Print

Student's Name (Last) _____ (First) _____ Grade: _____

Address _____

Contact Numbers

Parent/Guardian: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

List two other individuals who will temporarily care for your child incase parent/guardian are unable to be reached.

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Date: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow him/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's Name: _____ Physician's Office Number: _____

Signature of parent/guardian: _____

I give permission for my child to be given Tylenol:

Signature of parent/guardian: _____

I give permission for my child to be given Antacids:

Signature of parent/guardian: _____

Allergies – other conditions:

