



MERCY

EMERGENCY INFORMATION CARD 2026-2027

PLEASE PRINT

FAMILY LAST NAME: _____

STUDENT NAME: _____ GRADE _____

STUDENT NAME: _____ GRADE _____

STUDENT NAME: _____ GRADE _____

STUDENT NAME: _____ GRADE _____

STUDENT NAME: _____ GRADE _____

ADDRESS: _____

MOTHER NAME: _____ WORK # _____ CELL # _____

FATHER NAME: _____ WORK # _____ CELL # _____

HOME PHONE: _____ EMAIL 1: _____ EMAIL 2 : _____

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: _____