



Emergency Information Card
(Please Print)

Date _____

Student Name _____ Grade _____

Birth Date: _____

Address _____

City _____ State _____ Zip _____

Mom's Name _____ Dad's Name _____

1st Phone # _____ 1st Phone # _____

2nd Phone # _____ 2nd Phone # _____

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Phone # _____

2. Name _____ Phone # _____

(over)



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(Please Print)

Date _____

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Birth Date: _____

Address _____

City _____ State _____ Zip _____

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1st Phone # _____ 1st Phone # _____

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List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Phone # _____

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(over)

In case of an 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 OR dentist (as appropriate), indicated below and to follow his/her instructions. If it is impossible to contact this physician/dentist, the school may make whatever arrangements that seem necessary.

Signature of Parent or Guardian _____

List any Allergies _____

Remarks:

Physician's Name _____

Dentist's name _____

Office Phone # _____

Office Phone # _____

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