

STUDENT EMERGENCY CARD

STUDENT NAME GRADE

STREET ADDRESS PHONE

MAILING ADDRESS.....

BIRTHDATE: GENDER:

FATHER/GUARDIAN: MOTHER/GUARDIAN:

ADDRESS: ADDRESS:

.....

PHONE AT HOME: PHONE AT HOME:

WHERE EMPLOYED: WHERE EMPLOYED:

PHONE AT WORK: PHONE AT WORK:

CELL PHONE: CELL PHONE:

IF SEPARATED, WHICH PARENT DOES CHILD LIVE WITH?

OVER..

ALLERGIES:

NAMES AND AGES OR GRADES OF BROTHERS AND SISTERS:

- 1. 4.
- 2. 5.
- 3. 6.

**IN THE EVENT YOUR CHILD IS SICK OR INJURED AT SCHOOL AND WE CANNOT CONTACT YOU,
PLEASE GIVE US THE NAMES OF OTHER PERSONS WE CAN CONTACT.**

- 1. Relationship PHONE:
- 2. Relationship PHONE:

ARE THERE LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME?

IF SO, WHAT ARE THEY?

ETHNIC ORIGIN

PLEASE RETURN THIS CARD TO THE OFFICE AS SOON AS POSSIBLE. THANK YOU.