

Emergency Card Information

Student:

Grade:

Allergies/Medical Alerts:

Parent/Guardian 1:

Address:

Home Phone:

Cell Phone:

Work Phone:

Parent/Guardian 2:

Address:

Home Phone:

Cell Phone:

Work Phone:

Authorized Persons to Pickup Besides Parent or Guardian:

Emergency Person(s) to Pickup if Parents are not Available:

Physician:

Hospital:

Dentist:

In the case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist/orthodontist listed above. If it is impossible to contact the medical professional, I authorize the school to make whatever arrangements seem necessary on behalf of my child.

Signature:

Date: