



EMERGENCY CARE CARD

STUDENT'S LAST NAME

FIRST

MIDDLE

Parent's Full Name _____

Students Home Address _____

Student's Home Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Email _____ Mother's Email _____

Student's AM Transportation W/R or Bus # _____ Students PM Transportation W/R or Bus # _____

In case of accident, illness, weather emergency or school evacuation and we are unable to contact either parent/guardian at the above numbers, please contact:

1. Name _____ Relationship to Child _____

Home Phone Number _____ Cell Phone Number _____

2. Name _____ Relationship to Child _____

Home Phone Number _____ Cell Phone Number _____

Family Physician's Name _____

Known Medical Problems and/or allergies _____

Since the care and treatment of any child is primarily a parental responsibility, I understand that every effort will be made to contact either parent first in case our child becomes ill or injured at school. In case of an emergency, your child will be transported to the nearest medical facility.

Signature of Parent _____

Date _____