

EMERGENCY INFORMATION CARD

Grade _____

Please Print

Student's Name _____

Address _____ Last _____ First _____ Home Tel. _____

Where can parents be reached if not at home? _____ Birthdate _____

Mother: Work Address _____ Tel. _____

Father: Work Address _____ Tel. _____

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

1. Name _____ Tel. _____

Address _____

2. Name _____ Tel. _____

Address _____

(over)

Date _____

In case of 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 indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian _____

I give permission for my child to be given Tylenol:

Signature of parent or guardian _____

I give permission for my child to be given Antacids:

Signature of parent or guardian _____

Allergies—other conditions:

Local Physician's Name _____

Physician's Office Number _____

(over)