



EMERGENCY CARD

Student's Last Name, First Name: _____ School Year: _____
Date of Birth: _____ Gender _____ Grade: _____ Teacher: _____

Ph# to receive Automated Calls & Text Messages: _____

Ph# Parent/Guardian/Caregiver: _____ Ph#: Parent/Guardian/Caregiver: _____

Primary Email: _____ Secondary Email: _____

Student's Primary Address: _____ Zip _____

Address Belongs to: ___ Mother ___ Father ___ BOTH ___ Guardian ___ Caregiver Other: _____

Mailing Address (if different): _____ Zip _____

Parent/Guardian/Caregiver Name: _____ Relationship: _____ Work Phone: _____

Parent/Guardian/Caregiver Name: _____ Relationship: _____ Work Phone: _____

Custody Alert NO YES* ***Note: DOCUMENTATION REQUIRED:** If there is a custody issue, please provide court documents. Please know that without court documents; your child can be released to another custodial parent.

NAME of CUSTODIAL PARENT/GUARDIAN: _____

Emergency Contacts, if Parent/Guardian/Caregiver Unavailable

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Name _____ Relation _____ Phone _____ Cell _____

Siblings: Name: _____ School: _____ Name: _____ School: _____

Name: _____ School: _____ Name: _____ School: _____

AFTER SCHOOL ARRANGEMENTS *Notify school **immediately** if these arrangements change in writing or in person.

_____ WALKER _____ RIDE BUS # _____ CAMP/Daycare
_____ PARENT PICK-UP _____ OTHER (please state)

MEDICAL CARE

NAME OF PHYSICIAN _____ PHONE _____

NAME OF DENTIST _____ PHONE _____

Physician Diagnosed Medical Conditions _____

Physician Diagnosed Allergies _____

***It is the responsibility of the parent/guardian to notify the school nurse of any physician diagnosed medical conditions/allergies.**

The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility as determined by paramedics is authorized. Medical and other information will be disclosed **without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA.** I understand that I am responsible for all expenses incurred.

Signature of Parent/ Guardian/ Caregiver _____ Date _____ Preferred Hospital _____