

EMERGENCY INFORMATION CARD

Grade _____

Please Print

Home Room _____

Student's Name _____
Last First

Bus. No. _____

Address _____ Zip _____

Home Telephone _____ Birthdate _____

Where can parent/guardian be reached if not at home?

Parent/Guardian #1 _____
Name Address Work No. Cell #

Parent/Guardian #2 _____
Name Address Work No. Cell #

Parent/Guardian #1 Email _____ Parent/Guardian #2 Email _____

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____

Address _____ Tel. _____

2. Name _____

Address _____ Tel. _____

FORM 52E SCHOOL SERVICE, INC.

(OVER)

(800) 747-9549

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/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian _____

Remarks _____

Allergies _____

Other Conditions _____

Local Physician's Name _____

Address _____

Office Telephone No. _____ Other Telephone No. _____

(OVER)