

**EMERGENCY INFORMATION CARD (2017-2018)**

Last Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Father Email \_\_\_\_\_

Mother Email \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Allergies/Medical Problems**

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Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

**EMERGENCY CONTACTS:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone #** \_\_\_\_\_

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Doctor's Name \_\_\_\_\_ Office # \_\_\_\_\_

Address \_\_\_\_\_

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

Parent Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_