

EMERGENCY CARD: 2006-2007

STUDENT INFORMATION

ID#: _____ PHYSICAL ADDRESS: Apt: _____
NAME: _____
GENDER: _____ MAILING ADDRESS: Apt: _____
GRADE: _____ PHYSICAL PHONE: _____
SOC SEC #: _____ RESIDES WITH: _____
BIRTHDATE: _____
HOME LANGUAGE: _____

1ST CONTACT(PRIORITY 1)

NAME: _____
RELATIONSHIP: _____
ADDRESS: Apt: _____
EMAIL: _____

PHONE TYPE	PHONE

2ND CONTACT(PRIORITY 2)

NAME: _____
RELATIONSHIP: _____
ADDRESS: Apt: _____
EMAIL: _____

PHONE TYPE	PHONE

3RD CONTACT(PRIORITY 3)

NAME: _____
RELATIONSHIP: _____

PHONE TYPE	PHONE

4TH CONTACT(PRIORITY 4)

NAME: _____
RELATIONSHIP: _____

PHONE TYPE	PHONE

FAMILY PHYSICIAN: _____ Phone: _____

PLEASE NOTE THAT ANY SPECIAL HEALTH CONDITIONS SUCH AS AN ALLERGY TO ANY MEDICATION (aspirin, antibiotics, tetanus, adhesive, etc.). SENSITIVITY TO INSECT BITES, CONVULSIONS, DELAYED BLOOD CLOTTING TIME, ETC. ON BACK OF CARD

In case of extreme emergency when parents or family doctor cannot be contacted, I give the school authority to call a physician or take whatever action is deemed necessary in the best interest of the student.

Signature of Parent: _____ Date: _____

Please check one: Changes Required Information is Accurate