EMERGENCY INFORMATION CARD

Please Print Date Grade Phone Student Name: First Address Parent / Guardian First Parent / Guardian First Name In case of accident or serious illness, I request the school to contact me (the parent/quardian). If the school is unable to reach me, I hereby authorize school district staff to contact the appropriate medical personnel and provide assistance as needed and make arrangements as necessary. Signature of Parent / Guardian Local Physician's Name Office # **EMERGENCY INFORMATION CARD Please Print** Date _____ Grade____ Phone Student Name: First Address C H W Parent / Guardian C H Parent / Guardian ___ First C ____H ____W____List a neighbor or nearby relatives who will assume temporary care of your child if you cannot be reached In case of accident or serious illness, I request the school to contact me (the parent/guardian). If the school is unable to reach me, I hereby authorize school district staff to contact the appropriate medical personnel and provide assistance as needed and make arrangements as necessary. Signature of Parent / Guardian Local Physician's Name _____ Office # _____