



EMERGENCY CARD

CHILD'S NAME _____

PARENT/GUARDIAN NAME (1) _____ HOME PHONE _____ CELL _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

PARENT/GUARDIAN NAME (2) _____ HOME PHONE _____ CELL _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

OTHER LOCAL EMERGENCY CONTACTS

1. NAME _____ ADDRESS _____ PHONE _____

2. NAME _____ ADDRESS _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

HOSPITAL PREFERENCE _____

STUDENT'S HEALTH CONDITION, ALLERGIES, MEDICATIONS IF ANY _____

