

Bus Route # _____



**EMERGENCY
INFORMATION
CARD**

School _____

Homeroom # _____

If any information included on this card is different from last year, please check this box.

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

1. STUDENT INFORMATION (Please Print All Information)

Name _____
Last First Middle

Birth date _____

Address _____

Home tel. # _____

2. PARENT/GUARDIAN INFORMATION

Mother's/Guardian's name _____

Home tel. # _____

Work tel. # (with extension) _____ Cell tel. # _____ E-mail _____

Father's/Guardian's name _____

Home tel. # _____

Work tel. # (with extension) _____ Cell tel. # _____ E-mail _____

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are court orders restricting noncustodial parents or others from contact with child. Provide principal with a copy of the order.

3. LOCAL CONTACT INFORMATION

Those designated below are authorized to pick up my child from school in case of an accident, illness or an emergency.

1. Local contact's name _____

Relationship to child _____

Home tel. # _____

Work tel. # (with extension) _____

Cell tel. # _____

E-mail _____

2. Local contact's name _____

Relationship to child _____

Home tel. # _____

Work tel. # (with extension) _____

Cell tel. # _____

E-mail _____

COMPLETE SECTION BELOW

4. MEDICAL/PHYSICIAN INFORMATION

List student's known allergies and medical conditions _____

Doctor's name _____

Tel. # _____

In a medical emergency, I hereby authorize the school division to seek emergency medical assistance for my child if I nor contact persons may be reached.

Parent/Guardian Signature _____

Date _____

Do you have medical insurance? ___ Yes ___ No Please update your school immediately if any information changes.
Would you like to receive information about Family Access to Medical Insurance Security Plan (FAMIS)? ___ Yes