



THE STANLEY CLARK SCHOOL

Check if any changes were made from 11-12 cards

Student Emergency Information Card

2012-2013

Use Black or Blue Ink

Rides Bus # ___ a.m. p.m.

Child's Name: _____

D.O.B.: _____ Last _____ Age: _____ First _____ Female: _____ Male: _____ Middle _____ Grade: _____

Address: _____
Address City State Zip

Home Phone: _____ FAX number, if applicable: _____

Father's Name: _____ Father's Cell Phone: _____

Father's Preferred Email(s): _____

Father's Employer: _____ Occupation: _____

Employer's Address: _____ Phone: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Preferred Email(s): _____

Mother's Employer: _____ Occupation: _____

Employer's Address: _____ Phone: _____

If parents cannot be contacted, the following people are authorized to pick up student:

Name	Phone	Relationship

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Family Physician: _____ Phone: _____

Allergies / Disabilities / Medical Problems: _____

Preferred Hospital: _____

Circle Yes or No: The school personnel have my permission to give my child Tylenol/cough drops on an as-needed basis: **Yes/No**

I give consent for school personnel to use their judgment in securing medical aid in the event parents can not be contacted.

Parent/Guardian Signature _____ Date _____

If any changes occur to the above information, please notify SCS as soon as possible.

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| <p>Copies:
 School Nurse
 Teacher/Advisor
 Extended Day
 Athletics
 Admissions
 Field Trip Binders (Grades 4-8 Only)</p> |
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Revised: 7/12/12