

Last name: _____

School Year: _____

EMERGENCY INFORMATION CARD

This card is kept in the office emergency go-bag in the event of necessary evacuation and inability to re-enter the building.

CHILD'S NAME _____ Date of Birth _____ M ___ F ___

Mother _____ Father _____

Home Phone _____ Child lives with: Mother ___ Father ___ Both Parents ___

Work Phone (Mother) _____ Work Phone (Father) _____

Cell Phone (Mother) _____ (Father) _____

Child's Allergies _____

Outstanding Medical Conditions _____

Medicines child takes routinely _____

Child's Doctor/Phone number _____

Insurance company _____ Policy Number _____

Subscriber's Name _____ Place of Employment _____

Emergency Contacts (to be used only if parents are not available):

1- _____	NAME	ADDRESS	PHONE	RELATION TO CHILD
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2- _____	NAME	ADDRESS	PHONE	RELATION TO CHILD
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In an emergency, AUMC WPS/ELP has my permission to call my child's physician or 911. In an emergency, when I cannot be contacted, the school has my permission to take my child to the emergency room of INOVA Fairfax Hospital. The hospital staff has my authorization to provide treatment that a physician deems necessary for the well-being of my child.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Please attach a recent photograph of your child here.

Days of the week child attends _____

Teacher _____

Classroom _____

Siblings attending WPS/ELP _____

Days of the week sibling attends _____

Sibling's Teacher _____

Sibling's Classroom _____