

School Year:	
Teacher:	
Grade:	

EMERGENCY INFORMATION CARD

Name of child	Birth Date	
Last First	Middle	
HOW TO REACH PARENTS(S) OR LEGAL	L GUARDIAN	
Mother	Father	
Home Address	Home Address	
Home Phone	Home Phone	
Cell Phone	C II DI	
Business Name	Ducinace Nama	
Business Address	Business Address	
Business Phone	D ' DI	
Email Address	Email Addragg	
_		
Physician	Telephone	
Preferred Hospital		
1		
Full Names and telephone numbers of person(s)	who can assume responsibility for the child if the parents	
cannot be reached immediately in an emergency		
j g	camot be reached immediately in an emergency.	
Person(s) authorized to take the child from school	ol:	
Terson(o) additionized to take the cinical from sense.		
Food or drug Allergies? Yes No	Is an EpiPen required? Yes No	
Please list:	is an Epit en required. Tes 140	
Trease list.		
	_	
CONCENT FOR EMERCENA	CV MEDICAL OD CUDCICAL CADE	
	CY MEDICAL OR SURGICAL CARE	
E	o give permission to appropriate medical or hospital	
personnel to provide emergency medical or surgi	ical care for:	
Child's name		
·	, it is understood that a conscientious effort will be made to	
locate me or my child's other parent or legal guar	rdian. I will assume the cost of necessary medical or surgical	
care.		
Signature of Parent or Legal Guardian	Date	
Signature of Witness		