Student Emergency Information Card					FOR OFFICE USE ONLY: AERIES G DATEBY						
STUDENT'S LEGAL NAME (LAST – FIRST – MIDDLE)					BIRTH DATE (MM-DD-YY) GRADE			GRADE			
ADDRESS (STREET – CITY – STATE – ZIP)						HOME PHONE			S CELL PHONE		
MAILING ADDRESS (BOX OR STREET – CITY – STATE – ZIP)						STUDENT'S E-MAIL					
G	CHECK IF THIS REFLEC	TS ADDRESS CHA	NGE	STUDENT'S SIGNATURE		STUDENT'S LICENSE PLATE NUMBER					
				FAMILY INF	ORMATI	ON	1				
	Father G Stepfath	ner		ING WITH STUDENT G Yes G No	G Mother G Stepmother LIVING WITH STUDENT G Guardian G Yes G No						
G Guardian G Yes G No PARENT/GUARDIAN NAME						PARENT/GUARDIAN NAME					
ADDRESS, IF NOT LIVING WITH STUDENT (Street Address, City, Zip Code)						ADDRESS, IF NOT LIVING WITH STUDENT (Street Address, City, Zip Code)					
HOM	IE PHONE	PAGER		CELL PHONE	HOME PHONE PAGER		PAGER		CELL PHONE		
PAR	ENT'S E-MAIL				PAREI	NT'S E-MAIL					
EMPLOYER			1	WORK PHONE	EMPLOYER			WORK PHONE			
In (case the student's pa	_	annot be re	ached, the school will c	ontact and/or release the student to the CELL PHONE			he following adults: RELATIONSHIP TO STUDENT / FAMILY			
	1.										
-	2.										
	3.			≡ COMPLETE OTH		_					
	Student E	mergency	Informa	ation Card		FOR OFFICE USE ONL	Y: AERIES	G DATE	BY		
STU	DENT'S LEGAL NAME (LAST	- FIRST - MIDDLE)				BIRTH DATE (MM-DD-YY)			GRADE		
ADD	RESS (STREET - CITY - ST	ATE – ZIP)				HOME PHONE			STUDENT'S CELL PHONE		
MAILING ADDRESS (BOX OR STREET – CITY – STATE – ZIP)						STUDENT'S E-MAIL					
G (CHECK IF THIS REFLEC	TS ADDRESS CHA	NGE	STUDENT'S SIGNATURE				STUDENT'S LICEN	NSE PLATE NUMBER		
				FAMILY INF	ORMATI	ON					
G Father G Stepfather LIVING WITH STUDENT G Guardian G Yes G No					·				NG WITH STUDENT G Yes G No		
PARENT/GUARDIAN NAME					PARENT/GUARDIAN NAME						
ADDRESS, IF NOT LIVING WITH STUDENT (Street Address, City, Zip Code)				ADDRESS, IF NOT LIVING WITH STUDENT (Street Address, City, Zip Code)							
HOME PHONE PAGER				CELL PHONE	HOME	HOME PHONE PAGER			CELL PHONE		
PARENT'S E-MAIL				PARENT'S E-MAIL							
EMPLOYER WORK PHONE				WORK PHONE	EMPLOYER WORK PHONE						
In (case the student's pa	_	annot be re	ached, the school will c	ontact ar	nd/or release the st	tudent to th	_	dults: IP TO STUDENT / FAMI	LY	
ſ	1.										
Ī	2.										
Ī	3.										

				EXAMPLE TE OTHE	R SIDE ≡		F5141.1A 8/85; Revised 5/19/10 (doc)		
O'lle liber area									
Siblings:	Name:				Age:	School:			
	Name:				Age:	School:			
	Name:				Age:	School:			
MEDIOAL INC.	ODMATION ()		•• •						
	ORMATION (please ch Reactions	<i>еск Yes or .</i> G Yes	NO) G No	If yes, type of allergies:					
Asthma		G Yes	G No						
Diabete		G Yes	G No						
	Disorders	G Yes	G No						
	ion taken regularly	G Yes	G No						
						-	must be signed by the parent/guardian obtain this form at the school office.		
OTHER MEDIC	CAL CONDITIONS:								
DOCTOR:		۸dd	droce:			Phono:	′ \		
DOCTOR.		Au	ess			Phone: (()		
HEALTH INSU	IRANCE CARRIER:					Policy Nu	umber:		
ΙΛ	WE authorize the Dist	rict's authori	zed nered	onnel to administer first aid	and to obtain me	edical care for my chil	d		
	VVL authorize the Dis	inci s authoriz		ne event of an emergency,					
	ize such care and trea	atment to be					osts incurred as a result of the		
foregoing.									
Father / Guard	dian Signature			Date	Mother / Guar	dian Signature	Date		
							F5141.1A 8/85; Revised 5/19/10 (doc)		
Ciblings									
Siblings:	Name:				Age:	School:			
	Name:				_ Age:	School:			
	Name:				Age:	School:			
	ORMATION (please ch			If was towns of allowsing.					
	Reactions	G Yes	G No						
Asthma		G Yes	G No						
Diabete		G Yes	G No						
	Disorders	G Yes	G No						
Medicat	ion taken regularly	g Yes	g No	If yes, list type(s) of med	dication, dosage,	and schedule:			
		Note—If	our child	needs to take medication	during the regula	r school day, a form ı	must be signed by the parent/guardian		
		AND the	health ca	re provider before the stude	ent can take the r	medication. You can	obtain this form at the school office.		
OTHER MEDIC	CAL CONDITIONS:								
DOCTOR:		Add	dress:			Phone:	()		
HEALTH INSU	RANCE CARRIER:					Policy No	umber:		
۱۸	WE authorize the Dist	rict's authori		onnel to administer first aid					
			in th	ne event of an emergency,	illness, accident,	or injury (including n	ecessary transportation).		
I/WE authori foregoing.	ize such care and trea	atment to be	pertorme	d by any licensed physicial	n or surgeon. I/W	v∟ agree to bear all c	osts incurred as a result of the		
ioregonig.									
Father / Guarr	dian Signature			Date	Mother / Guar	dian Signature	Date		