



Student No. _____

STUDENT EMERGENCY CARD

Teacher _____

Grade _____ Room _____

Male _____ Female _____ (mark with an "X")

New:

Some items have a (checkbox) next to them so you can indicate any items that have changed from last year. Please place an **x** in these boxes where appropriate. If new student, please disregard.

Student Information:

Last Name _____		First Name _____		Birth Date (mm/dd/yyyy) _____	
Street Address <input type="checkbox"/> _____		City/Zip <input type="checkbox"/> _____		Home Phone <input type="checkbox"/> _____ Primary email <input type="checkbox"/> _____	

Lives With:

Parent #1 (full name) <input type="checkbox"/> _____	Employer <input type="checkbox"/> _____	Business Phone <input type="checkbox"/> _____	Cell Phone <input type="checkbox"/> _____
Parent #2 (full name) <input type="checkbox"/> _____	Employer <input type="checkbox"/> _____	Business Phone <input type="checkbox"/> _____	Cell Phone <input type="checkbox"/> _____

In the event of illness or injury, when I cannot be reached by phone, my student may be released to the care and supervision of any of the following local people:

Daycare/Sitter _____

Name <input type="checkbox"/> _____	Phone <input type="checkbox"/> _____
1. Name <input type="checkbox"/> _____ Relationship <input type="checkbox"/> _____ Address <input type="checkbox"/> _____ Phone <input type="checkbox"/> _____	
2. Name <input type="checkbox"/> _____ Relationship <input type="checkbox"/> _____ Address <input type="checkbox"/> _____ Phone <input type="checkbox"/> _____	

Source of Medical Care: _____

Insurance (Kaiser, Blue Cross, Doctor, Dentist) <input type="checkbox"/> _____	Phone <input type="checkbox"/> _____
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Please list all members of the household and their relationship to student, birth date (if under 10 years of age), teacher, grade, and school, if enrolled in the district.

Name	Relationship	Birth Date (mm/dd/yyyy)	Teacher	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I/We authorize my child to have any medical/dental attention that may be deemed necessary. I/We certify that the information contained herein is correct.

Signature of both parents/legal guardians

_____	_____
_____	Date
_____	_____
_____	Date

Special information or Medical Condition: _____