

# EMERGENCY CARD INFORMATION

This information is for the school office only and is confidential.  
Please fill out immediately and return to school tomorrow.

Student's Name \_\_\_\_\_ Student's Birthday \_\_\_\_\_

Soc. Sec No. (optional) \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

\*Father's Name \_\_\_\_\_

Father's Address – include zip code please \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Father's Business Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

\*Mother's Name \_\_\_\_\_

Mother's Address - include zip code please \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

## EMERGENCY CONTACTS:

Name	Home Phone	Cell Phone
_____	_____	_____
_____	_____	_____

Physician: Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist : Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital : \_\_\_\_\_

\*Medical Alert/Chronic Condition (e.g. epilepsy, diabetes) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Allergies \_\_\_\_\_

\_\_\_\_\_

\*Medications \_\_\_\_\_

\_\_\_\_\_

→→!!!!OVER FOR ADDITIONAL INFORMATION!!!!.....