

STUDENT EMERGENCY CONTACT CARD

Emergency Contacts/Medical Consent (other side)

In case of an emergency, it is imperative that the school be able to reach the student's parent or guardian. Please fill in the information on both sides of this card carefully and accurately. Please type or use ink and print clearly and legibly.

STUDENT _____ Male _____ Female _____ Grade _____
 Last Name _____ First _____ Middle _____

Home Address (Primary Residence) _____ City _____ Zip _____ Home Phone _____ Birthdate _____ Birthplace _____

Mailing Address, if different from above _____ City _____ Zip _____
 Lives with: Both Parents YES NO Mother if Yes, please contact the school office. Father Legal Guardian
 Address change? YES NO

MOTHER/GUARDIAN _____
 Last Name _____ First _____ E-mail _____ Employer _____

Home Address, if different from above _____ City _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Pager _____

FATHER/GUARDIAN _____
 Last Name _____ First _____ E-mail _____ Employer _____

Home Address, if different from above _____ City _____ Zip _____ Home Phone _____ Work Phone _____ Cell Phone _____ Pager _____
 Are there any COURT-MANDATED custody/visitation orders limiting access to this student? YES NO If Yes, please attach LEGAL ORDER.

Other children at home: _____ / _____ / _____ Name _____ Grade _____ School _____
 Languages spoken at home: 1. _____ 2. _____ Name _____ Grade _____ School _____

AUTHORIZED CONTACTS Please list the names of relatives/neighbors/friends in close proximity to the school to whom we may release your child or contact if you cannot be reached. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PARENTS, GUARDIANS OR ADULTS LISTED ON THIS CARD.** In selecting someone to whom you authorize the release of your child, consider: (a) Would your child feel safe and comfortable with this person and family? (b) Could this person care for your child for several days? (c) Is this person prepared to handle any special medical needs required by your child?

I/we hereby authorize the release of the student named above to the following persons in the event of illness, injury, evacuation or emergency that may occur while students are in school.

Name	Relationship	Home Phone	Work or Cell Phone
Out-of-state contact:			

I declare that the information on this form is true and correct. I will notify the school office immediately of any changes to be made in the foregoing information.

Parent/Guardian Signature _____ Date _____ Relationship _____