# Emergency Card for School Year

Student’s Name: Birthdate: Gender: M F

 (Last, First. Middle Initial)

Grade: Room/Teacher:

Father/Guardian: Mother/Guardian:

Home Address:

Mailing Address:

Home Phone: Cell Phone:

E-Mail Address: Work Phone:

Language Spoken at Home:

**List 2 nearby adults who will assume temporary care of your child if you cannot be reached:**

Name: Relationship: Phone:

 Phone:

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 Phone:

PARENT/GUARDIAN SIGNATURE DATE

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