

Emergency Card for 2024/2025 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: _____
Name: _____ Relationship: _____ Phone: _____
Phone: _____

PARENT/GUARDIAN SIGNATURE

DATE

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