

# 2017-2018 School Year Student Emergency Card

This form must be updated each year.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

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

\_\_\_\_\_  
Mother's Work Phone

\_\_\_\_\_  
Cell Phone

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

\_\_\_\_\_  
Father's Work Phone

\_\_\_\_\_  
Cell Phone

Mother's E-mail: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Allergies and/or Dietary Restrictions: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

The following people should be contacted in the case of an emergency when parents cannot be contacted (Must have 2 other than parents or guardians):

1. \_\_\_\_\_ Tel# (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Tel# (\_\_\_\_) \_\_\_\_\_

The following people are authorized to pick up my child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_