2019-2020 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

_____ _____ _____

Primary Guardian's Name Work Phone Cell Phone

_____ _____ _____

Secondary Guardian's Name Work Phone Cell Phone

Primary Guardian's E-mail: _____

Secondary Guardian's E-mail: _____

Allergies and/or Dietary Restrictions: _____

Medical Conditions: _____

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

1. _____ Tel# (___)_____

2. _____ Tel# (___)_____

The following people are authorized to pick up my child:

1. _____

2. _____

3. _____