



# EMERGENCY CARD (Appendix 10)

Student's Last Name, First Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Ph# to receive Automated Calls & Text Messages: \_\_\_\_\_

Ph# Parent/Guardian/Caregiver: \_\_\_\_\_ Ph#: Parent/Guardian/Caregiver: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Student's Primary Address: \_\_\_\_\_ Zip \_\_\_\_\_

Address Belongs to: \_\_\_ Mother \_\_\_ Father \_\_\_ BOTH \_\_\_ Guardian \_\_\_ Caregiver Other: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian/Caregiver Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Custody Alert NO  **YES\***  **\*Note: DOCUMENTATION REQUIRED:** If there is a custody issue, please provide court documents. Please know that without court documents; your child can be released to another custodial parent.

**NAME of CUSTODIAL PARENT/GUARDIAN:** \_\_\_\_\_

***Emergency Contacts, if Parent/Guardian/Caregiver Unavailable***

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

**AFTER SCHOOL ARRANGEMENTS** \*Notify school **immediately** if these arrangements change **in writing or in person.**

\_\_\_\_\_ WALKER \_\_\_\_\_ RIDE BUS # \_\_\_\_\_ CAMP/Daycare

\_\_\_\_\_ PARENT PICK-UP \_\_\_\_\_ OTHER (please state)

**MEDICAL CARE**

NAME OF PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

Physician Diagnosed Medical Conditions \_\_\_\_\_

Physician Diagnosed Allergies \_\_\_\_\_

**\*It is the responsibility of the parent/guardian to notify the school nurse of any physician diagnosed medical conditions/allergies.**

The school will provide onsite management and aid for illness or injury pending the students return to the classroom or release to parent/guardian/caregiver. The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility as determined by paramedics is authorized. Medical and other information will be disclosed **without consent from the parent/eligible student in case of health emergencies, as permissible by FERPA.** I understand that I am responsible for all expenses incurred.

\_\_\_\_\_  
Signature of Parent/ Guardian/ Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preferred Hospital