

EMERGENCY CALL CARD 2020-2021

Please **COMPLETE ALL** information lines and **RETURN TO SCHOOL OFFICE**

WE MUST HAVE UPDATED CARDS WITH CURRENT PHONE #'S AND CONTACT INFORMATION

Student's Name _____ Grade _____
Last First Middle

Student's Name _____ Grade _____
Last First Middle

Address _____ City _____ Zip _____

Date of Birth _____ Ethnic Origin _____

Parent Information

Father's Name _____ Home Phone _____ Cell Phone _____

Father's Employer & Address _____ Work Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Mother's Employer & Address _____ Work Phone _____

Emergency Contact Information: In an emergency, if we are unable to reach you, whom else may we call? **We must be able to reach someone in an emergency!** A Family member, friend or neighbor.

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

3. Name _____ Phone Number _____

(more lines on back of card)

Emergency Medical Information on back.

PLEASE COMPLETE ALL LINES

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4. Name _____ Phone Number _____
5. Name _____ Phone Number _____
6. Name _____ Phone Number _____

Medical Information

Allergic to:

Medications: _____ Foods: _____

Insects: _____ Plants: _____

Is student taking any daily medication? Yes/No What kind? _____

Medical Conditions: please complete if your child has a medical condition such as asthma, etc:

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Insurance Carrier _____ ID Number _____

Mother's E-Mail Address _____

Father's E-Mail Address _____

CARD COMPLETED by: _____ **Date:** _____

Notes: _____

PLEASE NOTIFY THE SCHOOL OFFICE IMMEDIATELY OF ANY CHANGES

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