

**EMERGENCY CALL CARD 2019-2020**

**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.*

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Father's Employer & Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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**PLEASE COMPLETE ALL LINES**

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**

4. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
5. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
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*Mother's E-Mail Address* \_\_\_\_\_

*Father's E-Mail Address* \_\_\_\_\_

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