

PLEASE PRINT CLEARLY

School Site: _____

Emergency Card

Name: _____ **Date of Birth:** _____ **Grade:** _____

Address: _____ **City:** _____ **Zip:** _____

**Father/
Guardian's Name:** _____ **Mother/
Guardian's Name:** _____

Place of Work: _____ **Place of Work:** _____

Work Phone: () _____ **Work Phone: ()** _____

Cell Phone: () _____ **Cell Phone: ()** _____

Email: _____ **Email:** _____

*** IN CASE OF EMERGENCY - NOTIFY ***

In case of illness, accident or emergency and when unable to contact parents, permission is granted for any of the following to call for, take care, or pick up of my child: (Please note: We cannot release your child to anyone unless their name is listed below.)

Name _____ **Relationship** _____ **Phone ()** _____

Name _____ **Relationship** _____ **Phone ()** _____

Name _____ **Relationship** _____ **Phone ()** _____