

**EMERGENCY CARE INFORMATION**

Student \_\_\_\_\_  
Last name First name

Please list the persons who should be contacted in the event of an emergency in order of your preference. These people also have your permission to pick your child up from school during the school day. **ALWAYS LIST YOURSELF (parent) FIRST.**

Name/Relationship	Home Phone	Work Phone	Cell Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical conditions \_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Updated \_\_\_\_\_