

Office Use Only

- _____ Safety Town
- _____ Elementary SS
- _____ Early Literacy
- _____ ESL
- _____ ESY

EMERGENCY CARD

Student's Name: _____ Grade 08-09: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ Present School: _____

In case of emergency, please refer to the following:

Mother's Name: _____ Business Phone: _____

Father's Name: _____ Business Phone: _____

Relative or Neighbor: _____ Phone: _____

In the event of a medical emergency, the school reserves the right to call an ambulance and transport the child by ambulance to the nearest hospital or, if feasible, to the preferred hospital indicated on this Emergency Card. Parents will be contacted as promptly as possible.

Pediatrician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preferred: _____

Health Problems (Allergies, Medications, Significant Medical Conditions): _____

If any medications should be given, either over the counter or prescription, a medical authorization form must accompany the medicine. Please call Public Health Nursing at 256-3150 for further information.

I give permission for essential medical information to be communicated to appropriate school personnel to ensure my child's health and safety in school.

Parents Signature _____ Date _____

*** OTHER AUTHORIZED PEOPLE WHO CAN PICK UP STUDENTS:**

Name _____ Name _____

Relationship _____ Relationship _____

Phone Number _____ Phone Number _____

Please notify the Summer School Office IMMEDIATELY if there should be any changes to the above

K-2 Summer School—255-8318

3-5 Summer School—255-7385

Safety Town—255-7385