

**EMERGENCY INFORMATION CARD**

Please Print GRADE \_\_\_\_\_

SPORT \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

LAST

FIRST

ADDRESS \_\_\_\_\_ HOME TEL. \_\_\_\_\_

Where can parent/guardian be reached if not at home?

NAME \_\_\_\_\_ TEL. \_\_\_\_\_

NAME \_\_\_\_\_ TEL. \_\_\_\_\_

List neighbor or nearby relatives who will assume temporary care of your child if you cannot be reached.

LIST ALLERGIES, IF ANY \_\_\_\_\_

DATE \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician the school may make whatever arrangements seem necessary.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

LOCAL PHYSICIAN'S NAME \_\_\_\_\_

OFFICE TEL. NO. \_\_\_\_\_ OTHER TEL. NO. \_\_\_\_\_