



## STUDENT EMERGENCY CARD

CLASS: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_

ADDRESS/PHONE: \_\_\_\_\_

PROBLEMS/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT 1:

NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

### EMERGENCY CONTACT 2:

NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ ADDRESS \_\_\_\_\_

### PICK-UP AUTHORIZATION NAME & PHONE#:

\_\_\_\_\_

\_\_\_\_\_