

2026-2027
Emergency Information Card

Please Print Legibly

Student: _____
Last First Middle

Student ID# _____ Grade: _____ Birth Date: _____ / _____ / _____ Gender: M / F
MM/DD/YYYY

Residence Address: _____
Street City Zip

Mailing Address: _____
(If different than residence) Street/PO Box City Zip

Primary Parent/Guardian Email Address: _____

Primary Parent/Guardian Cell Phone Number: (_____) (_____-_____) _____

Contact number for absences, if different from above: (_____) (_____-_____) **MUST be a phone number for Contact #1 or Contact #2 listed below.**

Primary Language Spoken in the Home: _____

Contact #1 Must be the Primary Parent/Guardian	<u>Contact 1</u> Primary Parent/Guardian	<u>Contact 2</u>	<u>Contact 3</u>	<u>Contact 4</u>
Relation to Student Circle One*	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____
First Name				
Last Name				
Home Phone				
Cell Phone				
Work Phone				
<u>Preferred Number</u> *Circle One*	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work
Notify in Emergency	Y or N	Y or N	Y or N	Y or N
Pick Up Allowed	Y or N	Y or N	Y or N	Y or N
Records Access Allowed	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed at School	Y or N	Y or N	Y or N	Y or N

Must include a minimum of 4 emergency contacts.

Please turn over and complete the back.

Parental Consent

In case of a serious accident or illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults listed above. In the event the adults listed above cannot be reached, the school may make whatever arrangements are necessary to provide care and treatment for my child. **When necessary, and in the event that I or any adult listed above cannot be reached, school personnel have my permission to request the transport of my child to the nearest emergency room.** Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for emergency medical services fees. Notwithstanding the notification provisions set forth above, in a serious emergency situation where the time necessary to attempt notification could adversely impact the well-being of my child and delay immediate and necessary emergent treatment, I consent to the school authorizing the transport of my child to the nearest emergency room without delay for notification. In such cases, notification shall be made immediately after transport.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request the school use the emergency contacts listed on this form to arrange transportation/care for my child until I can be reached.

I understand that it is my responsibility to notify my child's school of any changes in the information recorded on this card and to provide the school with information if there are any custody restrictions involving my child.

I certify that the information provided on this Emergency Information Card is accurate, true, and correct.

Primary Parent/Guardian Signature

Primary Parent/Guardian Name Printed

Date

Additional Contacts	<u>Contact 5</u>	<u>Contact 6</u>	<u>Contact 7</u>	<u>Contact 8</u>
Relation to Student *Circle One*	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____
First Name				
Last Name				
Home Phone				
Cell Phone				
Work Phone				
<u>Preferred Number</u> *Circle One*	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work
Notify in Emergency	Y or N	Y or N	Y or N	Y or N
Pick Up Allowed	Y or N	Y or N	Y or N	Y or N
Records Access Allowed	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed at School	Y or N	Y or N	Y or N	Y or N