

# EMERGENCY CARD

Print Student's Name \_\_\_\_\_ Date \_\_\_\_\_

1. Name of Siblings \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_

3. Name of Siblings \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Father's Business Phone (\_\_\_\_) \_\_\_\_\_ Mother's Business Phone (\_\_\_\_) \_\_\_\_\_

Last three (3) adults you authorize to pick up your child in the event of an emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## MEDICAL CONDITION and/or ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Sample High School to provide medical services for my child/children in the event of an emergency.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_