

**EMERGENCY Information Card**

Teacher \_\_\_\_\_

Student's Last Name	First	Middle	Preferred Name	Date of Birth (mm/dd/yy)	Grade	Bus #	Walk	Car
						AM PM		

Physical Address	Mailing Address

Our district will use the AlertNow system to notify parents of emergency closings. Please make sure your phone numbers and e-mail addresses are accurate and current.

Parent / Guardian Name	Home Phone (including area code)	Work Phone (including area code)	Cell Phone (including area code)	AlertNow E-Mail
Mother:				
Father:				
Legal Guardian:				

My child may be checked out of school or placed in the care of the individuals listed below. This includes emergency medical situations or other situations involving my child's care. A minimum of three names should be provided.

Name/Relationship	Home Phone	Work Phone	Cell Phone
1.			
2.			
3.			
4.			
5.			

(over)

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 \_\_\_\_\_

Medical Information:

Allergies:

Other Conditions:

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone No. \_\_\_\_\_ Other Telephone No. \_\_\_\_\_

**Emergency School Closing:**

\_\_\_\_\_ The student will ride the bus home as usual.

\_\_\_\_\_ The student will be picked up by parent(s) or authorized individual listed on the front of the card.

If any information on this card changes, a new card must be completed. If no one can be contacted to take proper care of your child, the school will take whatever measures are necessary to safeguard the child's welfare, including the Oktibbeha County Social Services or police officials. Accurate and current telephone numbers must be provided.

(over)