

Emergency Information Card

Teacher/Grade _____

(Please return to your child's teacher before the end of August)

Please Print

Student's Name _____
(Last) (First) (Goes by)

Address _____ Home Tel. _____ Birthday _____

Mother/Guardian _____
(Name) (Work Number)

LIST OTHER PHONE NUMBERS: Home: _____ Cell Phone: _____ Pager: _____

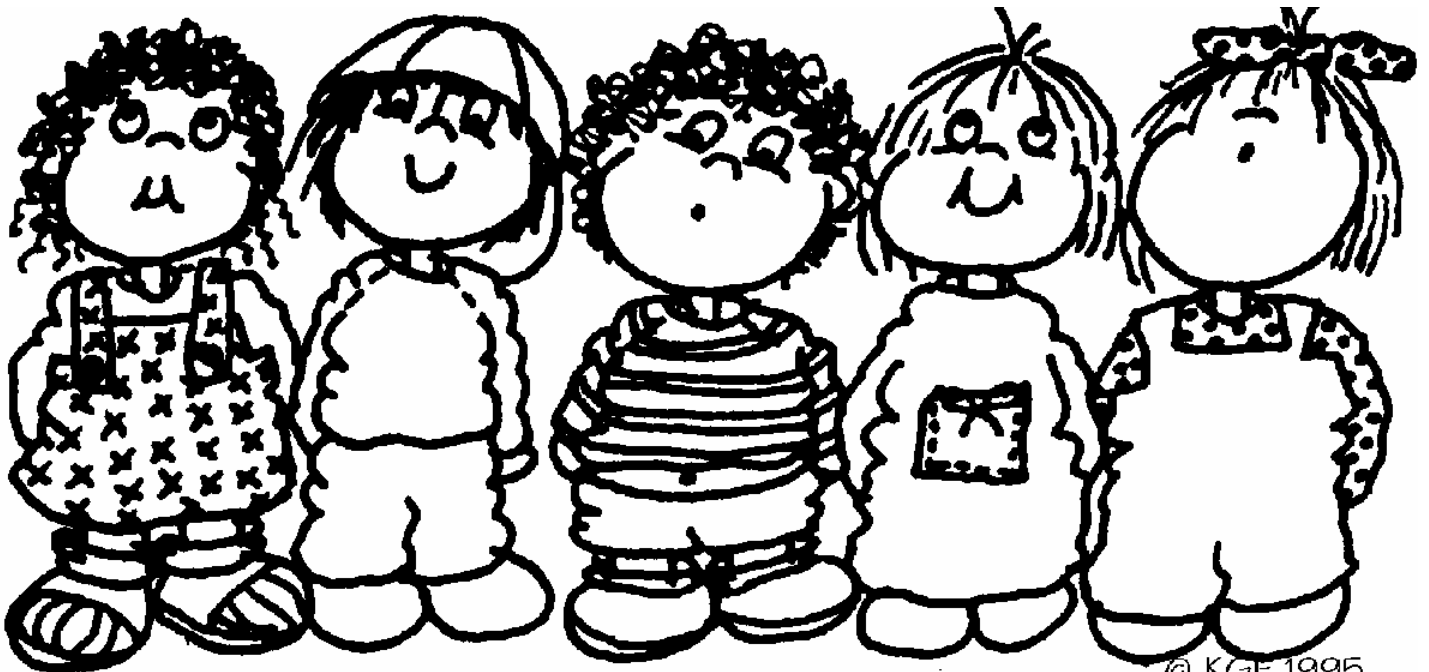
Father/Guardian _____
(Name) (Work Number)

E-mail address(es) _____

LIST OTHER PHONE NUMBERS: Home: _____ Cell Phone: _____ Pager: _____

Other LOCAL people to contact if parents cannot be reached:

1. Name _____ Phone #: _____ 2. Name _____ Phone #: _____
3. Name _____ Phone #: _____ 4. Name _____ Phone #: _____



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