



EMERGENCY INFORMATION CARD

ALLERGIES _____

Student Name:	Birthdate:
Address:	
State/Zip:	Home Phone:
Name of Mother/Guardian:	E-mail:
Other Phone Numbers:	Cell:
Name of Father/Guardian:	E-mail:
Other Phone Numbers:Work:	Cell:

LIST AT 3 NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME
TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Name & Relationship:	Phone:
Name & Relationship:	Phone:
Name & Relationship:	Phone:

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