Birthdate _____ **Pennsauken Public Schools** Grade/ID#_____

EMERGENCY INFORMATION CARD

Please Print

Student's Name: _____ Home Phone: _____

LAST **FIRST**

Address: _____Zip Code: _____ E-MAIL address: _____

Father/Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Mother/Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

First Choice: Name _____ Relationship _____

☐ Home _____ ☐ Work _____ ☐ Cell _____

Second Choice: Name _____ Relationship _____

☐ Home _____ ☐ Work _____ ☐ Cell _____

Family Doctor: Name _____ Office Phone _____

Hospital of Choice _____

Health Information (Include Allergies, chronic health conditions, medications, etc.) _____

_____

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 listed above and follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary. I understand that relevant information regarding my child's health may be shared with appropriate school personnel and other health care providers as necessary.

_____ _____

Signature of Parent/Guardian Date

Birthdate _____ **Pennsauken Public Schools** **Grade/ID#_____**

EMERGENCY INFORMATION CARD

Please Print

Student's Name: _____ Home Phone: _____

LAST **FIRST**

Address: _____Zip Code: _____ E-MAIL address: _____

Father/Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Mother/Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

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_____ _____

Signature of Parent/Guardian Date