SCHOOL EMERGENCY CARD			
		School Year	Teacher
Student's Last Name (Legal), First, Middle		Birth Date:	Sex: F M Grade:
Mailing Address:	Mother's Name: Employer: Work Phone #: Work Email: Father's Name: Employer: Work Phone #: Work Email:		MEDICAL ALERT Any conditions requiring special [] YES
			medical emergency care? [] NO Health Issues: Allergies: Medication: History of Seizures: [] Yes [] No Family Physician's Name & Work Phone #:
Street Address:			
Home Phone #: Cell Phone#:			
Home Email: Other Msg Phone #:			Health Plan:
Names of local people, other than legal guardians, authorized to remove child from school or to be contacted in your absence in case of illness or accident:			
1Tele.i	#	2	Tele. #
Student living with: (check) [] Both Parents [] Mother Only [] Mother & Step-Father [] Other [] Father Only [] Father & Step-Mother[[] Legal Guardianship			
In the event of an emergency involving injury to my child, the personnel of the school are authorized to use their discretion to secure the necessary services for my child(ren). This does not imply liability to the school district for any medical services required for my child as a result of an injury incurred at school. It is assumed that the person completing this registration card has the custody of and the responsibility for this pupil and that all information provided on this card is accurate and true.			
Signature of Parent/Guardian	Date		Bus Stop Area (if known) Effective 08/01/0

Effective 08/01/09 Effective 08/01/09