

EMERGENCY AND PERSONAL DATA

Student Last Name _____ Family Name *(if different)* _____ Father's Name _____ Mother's Name _____

Home Address _____ City _____ Zip _____ HOME PHONE _____

Student lives with: Mother & Father; Mother; Mother+Step-Father; Father; Father+Step-Mother; Other *(explain)* _____

(If applicable) Step-Mother's Name _____ Step-Father's Name _____

<i>Please list all students</i>	_____	2008-09 Grade _____	Date of Birth _____	Social Security # _____
→ →	_____	2008-09 Grade _____	Date of Birth _____	Social Security # _____
	_____	2008-09 Grade _____	Date of Birth _____	Social Security # _____
	_____	2008-09 Grade _____	Date of Birth _____	Social Security # _____
	_____	2008-09 Grade _____	Date of Birth _____	Social Security # _____

e-mail address for receiving school information: _____

↓ *Please indicate calling preference order (1 – 5)*

_____ <i>(Employer Name)</i>	Days/working hrs. _____	Business Phone _____	Cell Phone _____	Pager _____
_____ <i>(Employer Name)</i>	Days/working hrs. _____	Business Phone _____	Cell Phone _____	Pager _____
_____ <i>(Employer Name)</i>	Days/working hrs. _____	Business Phone _____	Cell Phone _____	Pager _____

LOCAL PERSONS TO CONTACT IF PARENTS ARE NOT AVAILABLE (this MUST be completed)

_____ Name	_____ Address	_____ Relationship to Student	_____ Phone(s)
_____ Name	_____ Address	_____ Relationship to Student	_____ Phone(s)

PLEASE CHECK ANY THAT APPLY BELOW. IF MORE THAN ONE CHILD IN FAMILY, INCLUDE NAME: *(use backside of this card, if necessary)*

___ ADD	___ Arthritis	___ Other Allergy(list)	___ Glasses/Contacts	___ Internal Irregularities	___ Physical Limitations (list)
___ ADHD	___ Bee Sting Allergy	_____	___ Hearing Loss	___ Migraine Headaches	_____
___ Asthma	___ Diabetes	___ mild ___ severe	___ Heart	___ Seizure Disorder	___ Other (explain) _____

PLEASE PROVIDE ANY PERTINENT INFORMATION RELATING TO ANY OF THE ABOVE ON BACKSIDE OF THIS CARD →

Family Doctor _____ Phone _____ Family Dentist _____ Phone _____
 Does family have health insurance? YES NO Hospital Preference _____

If emergency treatment is required and the parent/guardian cannot be reached immediately, your signature below empowers the school authorities to exercise their own judgment in calling the physician indicated, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

→ **PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

