

Central Middle School Emergency Information Card

Grade: \_\_\_\_\_ Team: \_\_\_\_\_

Pupil's Legal Name- Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Parent/ Guardian Full Name: Father: \_\_\_\_\_ WorkPhone \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Child resides with: (Circle one) both parents/mother/father/other-specify \_\_\_\_\_

If we cannot be contacted at the above numbers at the time of a serious emergency or illness, the school has my permission to contact one of the following emergency contact persons:

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

List any medical conditions \_\_\_\_\_

List any medications taken including dosage & frequency: \_\_\_\_\_

If a parent/guardian cannot be contacted in case of serious emergency or illness, I authorize the school to take such emergency action as may be deemed necessary, including transportation to the nearest hospital.

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(Date)

Please list names of other children, grades, and the school they attend in the district:

\_\_\_\_\_  
\_\_\_\_\_