

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:

