

**EMERGENCY NOTIFICATION AND PROCEDURE CARD**

Student \_\_\_\_\_  
(Last Name) (First Name) (Middle)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_ School Year \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Religion \_\_\_\_\_

Does the child live with both parents? Yes \_\_\_ or No \_\_\_ If no, please specify \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Wk Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Wk Phone \_\_\_\_\_

Public School District \_\_\_\_\_

If we are unable to be reached, I hereby authorize the school to proceed as indicated below (list in order of preference).

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Information (Agency) \_\_\_\_\_ (Number) \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:** Please indicate any special conditions your child may have ie: Asthma, Allergies, Diabetes Daily Medications, etc. \_\_\_\_\_