

#12 EMERGENCY HOME CONTACT CARD

Child's Name (last) _____

(First) _____

Dear Parent or Legal Guardian:

The well being of your child is considered very important by our school. Frequently when children become seriously ill or injured we find it difficult to locate parents, legal guardians or the family physician (in case you cannot be reached) for immediate action. In order to make our health and safety programs more effective, we request your cooperation in filling out this report.

CHILD'S NAME _____

DATE OF BIRTH _____

CHILD'S HOME ADDRESS _____

TELEPHONE NO _____

NAME OF FATHER OR LEGAL GUARDIAN _____

PLACE WHERE FATHER OR
LEGAL GUARDIAN WORKS _____

TELEPHONE NO _____

NAME OF MOTHER _____

TELEPHONE NO _____

PLACE WHERE MOTHER WORKS _____

TELEPHONE NO _____

FAMILY PHYSICIAN _____

TELEPHONE NO _____

Whom shall we notify in case we are unable to reach either mother, father, legal guardian or family physician?

(NAME) _____

(ADDRESS) _____

(HOME PHONE) _____

(CELL PHONE) _____

RELATIONSHIP TO ABOVE NAMED PERSON TO CHILD _____

In case of serious accident or illness at school, the teacher/director will send your child to _____ Hospital, if, in his/her opinion, emergency medical care is required. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of your child is a parental one.

Please list any special requests you wish to make to help us aid your child in case of an emergency.

DATE _____

Signed _____

(Parent or Legal guardian)

PLEASE NOTIFY THE SCHOOL WHENEVER ANY OF THE ABOVE CHANGES.