Summer 2025 EMERGENCY INFORMATION CARD

Primary #: () Address: 1st Email: Parent 1: Address same? Yes No Parent 2:	2 nd E-mail: Cell #: Work #: Employer: Position:	Home #:	Gen: M / F
Parent 1:	2 nd E-mail: Cell #: Work #: Employer: Position:	Home #: Pager #:	
Parent 1: No Address same? Yes No Parent 2: Address same? Yes No	Cell #: Work #: Employer: Position:	Home #: Pager #:	
Parent 2: No	Work #: Employer: Position:	Pager #:	
Parent 2: No	Employer: Position:		
Parent 2: No	_ Position:		
Parent 2: No			
Parent 2: Address same? Yes No	Call #·		
Address same? Yes No	Cell #.	Home #:	
	Work #:		
		-	
	_ Position:		
Local Emergency Contact (other than pare	int):		
Relationship to child:			
Address:			
Summer 2025 EN	IERGENCY INFORM	IATION CARD	
DOB:	/ /20 Teacher		Room #:
(Last Name, First Name)	//20 Teacher	'S:	
DOB:	/_/20 Teacher	's:	Gen: M / F
DOB:	//20 Teacher (MM/DD/YYYY) 2 nd E-mail:	'S:	Gen: M / F
DOB:	//20 Teacher (MM/DD/YYYY) 2 nd E-mail:	'S: Home #:	Gen: M / F
DOB:	//20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #: Work #:	's: Home #: Pager #:	Gen: M / F
	//20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #: Work #:	'S: Home #:	Gen: M / F
	//20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #: Work #: Employer: Position:	's: Home #: Pager #:	Gen: M / F
	//20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #: Work #: _ Employer: Position:	'S: Home #: Pager #: Home #:	Gen: M / F
Clast Name, First Name) Primary #: () Address: 1st Email: Parent 1: Address same? Yes No Parent 2: Address same? Yes No	//20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #: Work #: Position: Cell #: Work #:	's: Home #: Pager #: Home #: Pager #:	Gen: M / F
	//20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #: Work #: Position: Cell #: Work #: Employer:	Home #: Home #: Home #: Pager #:	Gen: M / F
DOB:	/_/20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #:	's: Home #: Pager #: Home #: Pager #:	Gen: M / F
CLast Name, First Name) Primary #: () Address: 1st Email: Parent 1: Address same? Yes No Parent 2: Address same? Yes No	//20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #: Work #: Position: Cell #: Work #: Position: This is a second of the content o	's: Home #: Pager #: Home #: Pager #:	Gen: M / F
DOB:	/_/20 Teacher (MM/DD/YYYY) 2 nd E-mail: Cell #:	Home #: Home #: Home #: Pager #:	Gen: M / F

Pediatrician:		Phone #:	
Allergies:			
Sibling(s)	Age	School	
Special Notes:			
Parent Signature:		Date:	
ediatrician:		Phone #:	
ibling(s)	Age	School	
pecial Notes:			
arent Signature:		Date:	