

MSAD #54 Emergency Card

Student's Name: _____ Grade: _____ HR/Teacher: _____
Last First M.I. Bus No. To: _____ Bus No. From: _____
Gender: _____ Birth Date: _____ Locker #: _____ Locker Combination: _____
Town of Residence: _____ Student lives with: _____
Mailing Address: _____ Physical Address: _____
City/State/Zip: _____ City/State/Zip: _____
Home Telephone: _____ Home Email Address: _____

Where can parents be reached if NOT at home and home address (if different from above)?

Father: _____ Employer: _____ Work Phone: _____
First Last Home Address: _____ Home Phone: _____ Cell Phone: _____
Mother: _____ Employer: _____ Work Phone: _____
First Last Home Address: _____ Home Phone: _____ Cell Phone: _____

Other responsible adult in the home.

_____ Relationship: _____ Work Phone: _____
First Last

List below those adults who will assume temporary care if you cannot be reached (i.e. neighbor, relative, child care provider).
INCLUDE CHILD CARE PROVIDER.

Emergency Contact #1

Contact Name (last, first): _____
Relationship (choose from list to the right): _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact #2

Contact Name (last, first): _____
Relationship (choose from list to the right): _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact #3

Contact Name (last, first): _____
Relationship (choose from list to the right): _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

Relationship Choices

Aunt
Uncle
Sister
Brother
Friend
Neighbor
Grandmother
Grandfather
Child Care Provider
Legal Guardian
Other

***** Additional information requested on the reverse side/second page *****

Fall 2007

Student Name: _____

Custody: Is there a court order that relates to the custody of your child? Yes No If "Yes", please attach a copy for your child's file.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent or guardian: _____ **Date:** _____

Doctor Name: _____

Address: _____

Office Phone: _____

City/State/Zip: _____

Dentist Name: _____

Address: _____

Office Phone: _____

City/State/Zip: _____

Allergies:

Special Medical Considerations:

Please list brothers, sisters and all children living in the home. (Attach another sheet of paper if additional space is needed.)

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____