SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT

EMERGENCY CONTACT CARD

Student's Name: _____ / _____ / _____ Gender: M____ F____
Last Name First Name MI

Date of Birth: ____ / ____ / _____ Grade: _____ Year of Graduation: _____ School: _____

Student's Home Address: _____
House No. Street City/Town State Zip Code

Student Living With: Father _____ Mother_____ Both Parents _____ Guardian _____

PARENT/GUARDIAN INFORMATION

1. Name of Parent/Legal Guardian _____

Priority Telephone #1: _____ Priority Telephone #2: _____

Work Telephone: _____

Email: _____

2. Name of Parent/Legal Guardian _____

Priority Telephone #1: _____ Priority Telephone #2: _____

Work Telephone: _____

Email: _____

STUDENTS DETERMINED TO BE SICK DURING THE SCHOOL DAY WILL NOT BE PERMITTED TO GO HOME UNLESS ACCOMPANI ED BY A PARENT OR AN ADULT DESIGNATED BY THE PARENT.

EMERGENCY CONTACT INFORMATION

(LIST ONLY INDIVIDUALS THAT THE SCHOOL CAN RELEASE YOUR CHILD TO IN THE EVENT OF AN EMERGENCY)

Emergency Contact Person #1 (Full Name)	Telephone	Relationship to Student
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Please list any medical and/or physical condition/s the school should be aware of that would require immediate medical response to food allergies, asthma, epilepsy, etc. for your child. Identify any medication and frequency of use during the school day. If your child has a physical disability (impaired vision, hearing, etc.) please identify. This information is very important for providing students with proper accommodations and responding appropriately during any emergency, drill, and school evacuation.

_____ My child has NO medical or physical conditions that I know.
_____ My child has the following medial and/or physical condition/s:

1. _____ Treatment: _____
2. _____ Treatment: _____

X _____ _____
Parent/Guardian's Signature (REQUIRED) Date