

2009-10



Check if any changes were made from 08-09 cards

### Student Emergency Information Card

Rides Bus No.  a.m.  p.m. (office use only)

Child's Name: \_\_\_\_\_  
Last First Middle

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Home Phone: \_\_\_\_\_ FAX number, if applicable: \_\_\_\_\_

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

Father's Email(s): \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Mother's Email(s): \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

If parents cannot be contacted, call:

Name	Phone	Relationship

Name	Phone	Relationship

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies / Disabilities / Medical Problems: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

The school personnel have my permission to give my child Tylenol on an as-needed basis. \_\_\_\_\_

The school personnel have my permission to give my child cough drops on an as-needed basis. \_\_\_\_\_

Please see reverse  
for more...

Consent is given for school personnel to use their judgment in securing medical aid in the event parents can not be contacted: \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate brother/sister names and grades attending Stanley Clark: \_\_\_\_\_

---

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

*If any changes occur to the above information, please notify SCS in writing as soon as possible.*

NOTES: