

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT

# EMERGENCY CONTACT CARD

PARENTS/GUARDIANS MUST COMPLETE BOTH SIDES OF THIS CARD EACH SEPTEMBER

1. Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(Last Name) (First Name)
2. Address \_\_\_\_\_ Home Tel. # \_\_\_\_\_  
(Number) (Street) (Town) (Zip)
3. Grade \_\_\_\_\_ Year of Graduation \_\_\_\_\_ School \_\_\_\_\_
4. Student Living with (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_ (Both Parents) \_\_\_\_\_ (Guardian) \_\_\_\_\_  
Area Code
5. Father's Name and Business Address \_\_\_\_\_ Bus. Tel#( ) \_\_\_\_\_  
Area Code
6. Mother's Name and Business Address \_\_\_\_\_ Bus. Tel#( ) \_\_\_\_\_  
Area Code
7. Guardian's Name and Business Address \_\_\_\_\_ Bus. Tel#( ) \_\_\_\_\_
8. Names and Addresses of local neighbor(s) or relative(s) to be called in emergency (if parent cannot be reached):  
1) \_\_\_\_\_ Tel. # \_\_\_\_\_  
2) \_\_\_\_\_ Tel. # \_\_\_\_\_

SICK OR INJURED PUPILS FOR ANY ILLNESS, EMERGENCY, OR SCHOOL CLOSING, WHO ARE PERMITTED TO GO HOME MUST BE ACCOMPANIED BY A PARENT OR AN ADULT DESIGNATED BY THE PARENT.

- 1) DOES YOUR CHILD HAVE A PHYSICAL CONDITION THAT THE SCHOOL SHOULD BE AWARE OF?  
(Yes) \_\_\_\_\_ (No) \_\_\_\_\_ IF SO, PLEASE INDICATE:  
Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Hearing Impairment \_\_\_\_\_  
Other \_\_\_\_\_ (Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) IS YOUR CHILD CURRENTLY UNDER A PHYSICIAN'S CARE OR TAKING MEDICATION (Yes) \_\_\_\_\_ (No) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3) WHAT DO YOU WISH THE SCHOOL TO DO IN CASE OF AN EMERGENCY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESPONDING TO AN EMERGENCY CASE, THE SCHOOL ADMINISTRATOR WILL MAKE THE FINAL DECISION.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_