

# Middle School Student Emergency Contact Card

Please fill out this card completely in ink. This card will be kept in the school office in case of emergency.

Student Information

Student Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>	Grade Level:	<input type="text"/>
Homeroom Teacher:	<input type="text"/>	Bus Number (If applicable):	<input type="text"/>
Home Address:	<input type="text"/>		

Primary Parent / Guardian Contact

Contact 1 Full Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Primary Phone:	<input type="text"/>	Secondary Phone:	<input type="text"/>
Email Address:	<input type="text"/>		

Secondary Parent / Guardian Contact

Contact 2 Full Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Primary Phone:	<input type="text"/>	Secondary Phone:	<input type="text"/>
Email Address:	<input type="text"/>		

Alternative Emergency Contacts (Authorized Pick-up)

Please list two local contacts who can act on your behalf if parents/guardians cannot be reached.

Contact 3 Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>
Contact 4 Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>

Medical Information & Authorizations

Primary Care Physician:	<input type="text"/>	Physician Phone:	<input type="text"/>
Preferred Hospital:	<input type="text"/>		
Known Medical Conditions / Allergies:	<input type="text"/>		
Regular Daily Medications:	<input type="text"/>		
Parent/Guardian Signature:	<input type="text"/>	Date:	<input type="text"/>