

Kingsbury Seventh-day Adventist
EMERGENCY CONTACT CARD

Student Last Name _____ First _____ MI ____ DOB _____

Parent/Guardian (Student resides with): _____ **Relationship** _____

Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Parent/Guardian: _____ **Relationship** _____

Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

ADDITIONAL AUTHORIZED CONTACTS & PICK-UP LIST

Your child will be released **only** to persons named on this card. In the event of an emergency, these authorized persons will be contacted after several unsuccessful attempts are made to the parents/guardians.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

If there is a person who may **NOT HAVE ACCESS** to child please indicate:

Name _____ Relationship _____ Order of Protection Exists? Yes ___ No ___

HEALTH INFORMATION

Name of Physician/Clinic: _____ Phone: _____

My child has: Private health insurance Medicaid No health insurance

HEALTH ALERT

Does your child have any health conditions that may affect participation in physical activities? Yes_____ No_____

Limitations _____(e.g. running, climbing)

Allergies _____

If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.

Parent/Guardian Name

Signature

Date