

Emergency Card, Cont'd.

Is English the primary language spoken in your home? Yes _____ No _____

If not, please specify the primary language: _____

List two neighbors or nearby relatives who have your permission to assume temporary care of your child if you cannot be reached. Please indicate home or work number.

1. Name _____ Phone # _____
Address _____

2. Name _____ Phone # _____
Address _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school administration to arrange transportation to and treatment of my child at the emergency room of the nearest hospital, or if outside of the country, to the nearest facility where medical treatment is available.

List any allergies that your student has: _____

List any medical conditions of which your school should be aware: _____

List medications that your student takes on a regular basis: _____

Remarks: _____

Signature of Parent or Guardian

Date

Throughout the year, photographs of students may be used to promote school activities unless otherwise indicated in writing by the parents or guardians.