

**FREDERICK COUNTY PUBLIC SCHOOLS
EMERGENCY INFORMATION CARD**

Date: _____ Grade: _____ Instrument _____

Student's Name _____
(Please Print) (Last) (First) (Middle)

Address _____ Home Phone _____
(Street Address or Post Office Box)

_____ Birth Date ____ / ____ / ____
(City) (State) (Zip)

Student's Email _____

Where can parents or guardians be contacted if not at home?

Mother: Name _____

Address (Work) _____

Telephone (Work) _____ Cell Phone _____

Email _____

Father: Name _____

Address (Work) _____

Telephone (Work) _____ Cell Phone _____

Email _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached, or if school closes early due to bad weather. Please indicate if there is a sitter.

1. Name _____ Relation _____

Address _____ Telephone _____

2. Name _____ Relation _____

Address _____ Telephone _____

Date: ____/____/____

In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to call the physician indicated below or make whatever arrangements seem necessary.

Remarks:

Allergies:

Other Conditions:

Family Physician's Name _____ Phone _____

Insurance Co. _____ Policy # _____

By signing below, I, _____, solemnly affirm the information on this emergency card to be true, that I am the legal guardian, and that I release all information to emergency personnel in case of an emergency.

Signature (Parent/Guardian)

NOTARY SEAL

Home Address

City/State/Zip Code

Printed Name

By: _____
Notary Public

My Commission Expires _____