



_____ (name of allergy)

EMERGENCY CARD

Print Clearly

Student LAST NAME	Legal FIRST NAME	"NICKNAME"	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City, State, Zip	
Home Phone # (if none, write "none")	Entering Grade	Date of Birth:	
Student Cell #	Student e-mail address:		
Father's Legal Name:		Work Phone #	
		Home Phone #	
Father's Email address:		Cell #	
Mother's legal Name:		Work Phone #	
		Home Phone #	
Mother's Email address:		Cell #	

Student lives with: Both Parents 100% Mother _____% Father _____% Guardian

Person to call FIRST: _____

EMERGENCY INFORMATION (Please notify CCS Office if this information changes.)

Please provide name, relationship, and phone of **local person(s)** other than parents to have your child picked up if he/she becomes ill at school and parents cannot be reached.

Students will only be released to those persons listed below.

Name	Relationship	Home Phone and/or Cell #
Name	Relationship	Home Phone and/or Cell #
Name	Relationship	Home Phone and/or Cell #
Name	Relationship	Home Phone and/or Cell #
Name	Relationship	Home Phone and/or Cell #

**** Please complete reverse side ****