

In order for us to have our records up to date, will you please fill out this form and return to the school within three days. Thank you for your cooperation.

NOTIFICATION CARD FOR EMERGENCY

Pupil's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's place of work \_\_\_\_\_ Phone \_\_\_\_\_

Mother's place of work \_\_\_\_\_ Phone \_\_\_\_\_

Alternate person to be notified \_\_\_\_\_ Phone \_\_\_\_\_

Doctor to be notified \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Doctor \_\_\_\_\_ Phone \_\_\_\_\_

If emergency treatment is required can the school take authorities to use their own judgment in sending the child to the hospital or doctor most easily accessible if parents cannot be reached?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "NO" give name of preferred hospital

Preferred Doctor \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Is your physical card turned in?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES" give date

\_\_\_\_\_

INSURANCE FORM

My son or daughter is covered by an insurance policy.

\_\_\_\_\_  
Signature of Parent or Guardian

My son or daughter is not covered by an insurance policy,  
but we relieve the school of any responsibilities

\_\_\_\_\_  
Signature of Parent or Guardian