

2011-12 Emergency Information Card

(Please print)

Date: _____

Last Name: _____ Child 1 First Name _____ Birth Date: ___/___/___ Grade: _____

Child 2 First Name _____ Birth Date: ___/___/___ Grade: _____

Child 3 First Name _____ Birth Date: ___/___/___ Grade: _____

Child 4 First Name _____ Birth Date: ___/___/___ Grade: _____

Address: _____ Home Phone: 903 / ___ / _____
City Zip

Mother's Name: _____ Work Phone: ___/___/___ Cell #: ___/___/___

Father's Name: _____ Work Phone: ___/___/___ Cell #: ___/___/___

Mother's E-mail Address: _____ Father's E-mail Address: _____

List two neighbors or relatives who will assume temporary care of your child if you cannot be reached or may pick up your child.

1. _____ Name Phone	2. _____ Name Phone
_____ Address	_____ Address

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed below and to follow his instructions. If it is impossible to contact this physician, the school may make any arrangements deemed necessary.

Allergies: _____

Parent/Guardian Signature _____

May Tylenol or Ibuprofen be given to your child/children? ___ Yes ___ No

Local Physician's Name: _____ Office Phone: 903 - ___ / _____

I give the following individuals permission to pick up my child from school and do grant ETCA permission to release my child to these individuals at any time. I understand that this permission will remain in effect until the school is otherwise notified in writing.

Parent/Guardian Signature _____

1. Name: _____ Phone Number: _____

Address: _____

2. Name: _____ Phone Number: _____

Address: _____

3. Name: _____ Phone Number: _____

Address: _____

4. Name: _____ Phone Number: _____

Address: _____

Individuals will be required to provide a photo-identification when picking up a student.

Individuals not listed on this form will NOT be allowed to pick up any student without a hand-written statement of permission signed by the parent or legal guardian.

Please administer the following daily medication as indicated below.

Medication	Dosage	Time of Day	Frequency	Prescribing Physician
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Medication must be in original container and clearly labeled with student's name.