



EMERGENCY INFORMATION CARD

SCHOOL YEAR 2021-2022

Child's Full Name

_____/_____/_____
Date of Birth

Parent or Guardian Cell Number Alternate Number

Parent or Guardian Cell Number Alternate Number

Emergency Contact Cell Number Alternate Number

Physician's Name Phone Number

Are there any special health problems or preferences we should be aware of in case of an emergency?
(Physical problems, hospitals, or procedures).



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