## EMERGENCY CARD



			/ /
Last Name	Child's First Name	Grade	Date of Birth
	Child's First Name	 Grade	/ Date of Birth
	Child's First Name		Data of Birth
	Child's First Name	Grade	Date of Birth
	Child's First Name	Grade	Date of Birth
lother's Name:		Father's Name:	
mployer/School:			
rimary Phone:		Primary Phone:	
ddress:		Address:	
ity, State Zip Code:			Zip Code:
Parent/Guardian's Signature	 Date		Signature Date
1 arent/Quartian 8 Signature	<u>AUTHORIZED</u>		o Signature Date
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Primary Phone:Secondary Phone:		Primary Phone:Secondary Phone:	
Address:		Address:	
City, State Zip	Code:	City, State	Zip Code:
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Primary Phone:	<del></del>	Primary Phone:	
Secondary Phone: Address:		Secondary Phone: Address:	
	Code:	City, State	Zip Code: