

School Year: _____

PEORIA ACADEMY
EMERGENCY CONTACT CARD

Grade: _____

Please print clearly.

Please print clearly.

Name of Student: _____ Home Phone: _____
Last First Middle

Home Address: _____

City, State, Zip: _____ Date of Birth: _____ M ____ F ____

Ethnicity: _____ Holidays Celebrated: _____

Father: _____ Employer: _____

Bus. Phone: _____ Cell Phone: _____ Email: _____

Mother: _____ Employer: _____

Bus. Phone: _____ Cell Phone: _____ Email: _____

Student lives with: _____ Relationship: _____

The following information is desired for use in the event your child becomes ill or is injured at school. It is understood the information given on this card will remain in force for this school year or until revoked by the parent or guardian.

IF I CANNOT BE REACHED IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Address: _____ Phone: _____

or

Name: _____ Address: _____ Phone: _____

I authorized the following to perform any emergency treatment for my child. In the event these persons cannot be contacted, I authorize the school to act in my behalf.

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preferred: _____

Write here any special information about your child which should be known in case of an emergency (diabetic, allergies, seizures, etc.) _____

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