

Grade	Birth Date	Date
Name	Phone	
Name of Both Parents Now		
Address	City	Zip
Both Work #s		
SSN		

In case of emergency or illness and the school is unable to contact you, please call:

1.	Phone
2.	Phone

Health Problems

Date of any Tetanus shot obtained in ER or Dr.'s office not yet given to school nurse

Please provide written proof to the school nurse if your child has received any immunizations so they can be recorded on your child's permanent record.

In case of emergency and the school is unable to contact the Parent or Person(s) whose name appears on the reverse side of this card, the school has my permission to take the student to:

Doctor Phone

Dentist Phone

Hospital Emergency Room (preferences)

Call ambulance if needed (check one) Yes No

My child has permission to take Tylenol at school Yes No

Parent Signature

Please notify the school at any time during the year if this information changes.