

EMERGENCY CARD INFORMATION

Student ID # _____

Student Last Name _____ First _____ Middle _____

H/R Teacher _____ Bus ____/____/____ Sex: M F Grade: _____

Social Security Number: _____ Birthdate: ____/____/____ Age: _____

Date Card Completed: ____/____/____ Birthplace: (City) _____ (State) _____

Primary Contact / Receives Correspondence		Custody Papers? Y N
Parent/Guardian Name _____	Relationship to Student _____	Guardian/Spouse Name: _____
Home Address: _____	City/State/Zip: _____	Relationship to Student _____
Mailing Address: _____	City/State/Zip: _____	Home Address: _____
Parent/Guardian Cell # for Text Alerts (____) _____	Unlisted: Y N	City/State/Zip: _____
Email _____	Cell Phone (____) _____	Mailing Address: _____
Phone (____) _____	Unlisted: Y N	City/State/Zip: _____
		Home Phone (____) _____
		Email _____

Is your address a temporary living arrangement? Y N Is this temporary living due to loss of housing or economic hardship? Y N

Employer _____ Employer _____

Business Phone (____) _____ Business Phone (____) _____

In case of emergency and the parent is unavailable, names of other persons who have agreed to accept responsibility for the child.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Phone: (____) _____ Home Phone: (____) _____

Business Phone (____) _____ Business Phone (____) _____

If all attempts to contact guardian or alternate persons have failed, your child will be transported to nearest hospital by ambulance when there is an extreme emergency.

Physician: _____ Phone (____) _____ Dentist: _____ Phone (____) _____

Allergies: (physician verified) _____

Medical, Behavioral, and/or Mental Health Conditions: _____

Medication my child receives on regular basis: _____

What is the primary language used in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first learned? _____

Is a Sign Language Interpreter needed for parent/guardian and/or child? Y / N Name(s) _____

Of Hispanic Origin Y / N (Please choose one or more):

- White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
- Other

Is child's parent/guardian in the **military**? Y / N If yes, please describe: _____

Directions to home: _____

Note your emergency dismissal plan if it is different than a regular dismissal: _____

My child has my permission to participate in school fundraisers: Y N
 My child has my permission to go on all school related walking field trips: Y N
 I prefer classroom/school communication by email to the address provided: Y N
 BCS has my permission to use photo & video recordings of my student for media and online publications: Y N

SCHOOL USE:
Regular parent pick up Y N

Name of other students living in your home:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Parent/Guardian Signature Required: _____ **Date** _____