

EDISON LOCAL SCHOOL DISTRICT EMERGENCY INFORMATION CARD

Student Name _____ Grade _____ AM Bus # _____ PM Bus # _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Is address or phone number different than last years? _____ yes _____ no

Birthdate ____ / ____ / ____ Place of Birth _____ Male _____ Female _____

Living with whom (Name) _____ Telephone # _____

Father's Name _____ Place of Employment _____ Telephone # _____

Mother's Name _____ Place of Employment _____ Telephone # _____

Emergency Procedure

In case of an emergency, illness or accident to the child, the school is authorized to proceed as indicated below:

_____ Contact father at _____ Telephone # _____

_____ Contact mother at _____ Telephone # _____

_____ Contact family physician _____ Telephone # _____

_____ Take child to emergency room at _____ Hospital

_____ Take child to any licensed physician

Please list relatives or neighbors who will assume temporary care of your child if you cannot be reached.

These are the only people who will be authorized to sign your child out of school for any reason. List relationship of person to student beside name. (Ex. Grandparent, aunt, uncle, sister, brother, neighbor, etc.)

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

3. Name _____ Relationship _____ Phone # _____

4. Name _____ Relationship _____ Phone # _____

Signature of Parent/Guardian _____ Date _____