

Emergency Card

For the 2018-2019 School Year

Information Concerning the STUDENT

Last Name _____ First Name _____

Grade _____ Birth date _____ Social Security # _____

Address _____

City _____ Zip _____ Home Phone _____

Information Concerning the PARENTS

Father's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Address _____

***Father's E-Mail Address (REQUIRED)** _____

Mother's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Address _____

***Mother's E-Mail Address (REQUIRED)** _____

Health Insurance Policy

Company _____ Policy/Plan # _____

Allergies _____

Other pertinent Information _____

Persons to Contact if Unable to Reach You

Name _____ Phone _____

Name _____ Phone _____

In case of a disaster, Sahag-Mesrob Armenian Christian School may release my child to any of the people listed below (**PLEASE PRINT**). Every person listed **MUST** be 18 years of age or older.

<u>NAME</u>	<u>STREET ADDRESS</u>	<u>PHONE #</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN SIGNATURE

DATE

(A copy of this form is the same as an original!)