



**EMERGENCY CARD  
FORM  
2015-2016**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name                      First Name                      Middle Name  
Class: \_\_\_\_\_              Birthdate: \_\_\_/\_\_\_/\_\_\_              Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Tele. # (\_\_\_\_) \_\_\_\_\_

**Where can parent/guardian be reached if not at home?**

**Parent 1:**

\_\_\_\_\_  
First Name                      Last Name                      Relationship to Child                      Address (if different than above)  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Cell #                                      Work or Additional Phone #                                      Email

**Parent 2:**

\_\_\_\_\_  
First Name                      Last Name                      Relationship to Child                      Address (if different than above)  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Cell #                                      Work or Additional Phone #                                      Email

List 2 contacts who are authorized to pick up your child during school hours. Your contact person has permission for your child to be released to them in case of an emergency or illness and will assume temporary care of your child if you cannot be reached: Please print clearly

1. \_\_\_\_\_  
First Name                      Last Name                      Relationship to Child                      Address  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Cell #                                      Work or Additional Phone #                                      Email

2. \_\_\_\_\_  
First Name                      Last Name                      Relationship to Child                      Address  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Cell #                                      Work or Additional Phone #                                      Email

List 2 Browning Parents who are authorized to pick up your child during school hours. Please make sure these Browning Parents know they have permission for your child to be released to them in case of an emergency or illness and will assume temporary care of your child if you cannot be reached: Please print clearly

1. \_\_\_\_\_  
First Name                      Last Name                      Relationship to Child                      Address  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Cell #                                      Work or Additional Phone #                                      Email

2. \_\_\_\_\_  
First Name                      Last Name                      Relationship to Child                      Address  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_  
Cell #                                      Work or Additional Phone #                                      Email