

BRANFORD SCHOOLS' STUDENT EMERGENCY CARD

Please Print Clearly

Last Name of Student		First Name of Student		Address		Birthdate	
Grade	Teacher/Homeroom		Team/WIS		BHS/Year of Grad		
Name of Mother/Guardian		Address		Home Phone		Cell Phone	
Business		Work Phone		Email Address		Pager (if applicable)	
Name of Father/Guardian		Address		Home Phone		Cell Phone	
Business		Work Phone		Email Address		Pager (if applicable)	
Student's Physician		Office Phone		Special Medical Information/ Health Alerts/Allergies			
Student's Dentist		Office Phone					
Hospital Preference							
Insurance (Please Circle) Private Husky School None							

Alternate Adults (when parents can not be reached or in an emergency)

Name	Relationship to child	Address	Home Phone	Work/Cell
1.				
2.				
3.				

You are requested to provide all the information requested on this card and return to your child's teacher ASAP. The purpose of this card is to enable school personnel to care properly for this student in the event of illness or injury while at school. I understand that no one will be permitted to pick up my child other than those designated on this card. Identification will be required. In case of injury or illness, transportation home is the responsibility of the parents or alternate. Any changes to the information provided, should be reported immediately to the school your child attends. In case of emergency, I authorize the school to transport my son or daughter to the emergency room.

Signature of Mother	Signature of Father
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SIBLING INFORMATION

Name	Age	School Attended
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