

EMERGENCY CARD INFORMATION 2016-2017 ACADEMIC YEAR

STUDENT NAME: _____ **DOB** _____
LAST FIRST MIDDLE INT MO/DAY/YEAR

DATE: _____ **GRADE** _____

STUDENT ADDRESS: _____ **APT:** _____
STREET

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **MOTHER CELL:** _____ **FATHER CELL:** _____

FATHER NAME: _____

ADDRESS: _____
STREET SUITE CITY STATE ZIP CODE

WORK PHONE: _____ **EXTENSION:** _____

MOTHER NAME: _____

ADDRESS: _____
STREET SUITE CITY STATE ZIP CODE

WORK PHONE: _____ **EXTENSION:** _____

OTHER LEGAL GAURDIAN: _____
(IE: STEP PARENT, GRANPARENT, LEGAL APPOINTED GUARDIAN- RELATIONSHIP TO STUDENT)

★Please provide three Emergency Contacts★

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL:** _____ **WORK:** _____

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL:** _____ **WORK:** _____

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL:** _____ **WORK:** _____

★Please provide any medical conditions or allergies★

MEDICAL HISTORY: ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

DOCTOR: _____ **ADDRESS:** _____ **PHONE:** _____

IN CASE OF A MEDICAL EMERGENCY I PREFER _____ **ST.JOSEPH** _____ **MCLAREN** _____ **DHOMI** _____ **OTHER**

MY CHILD HAS HAD THE CHICKEN POX: _____ **YES** _____ **NO**

NAMES OF SIBLINGS ATTENDING PAE: _____

SAFETY, RESPECT, LEARNING & COMMUNITY

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