

PSR EMERGENCY INFORMATION CARD

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_  
Mother Father Guardian (if applicable)

Address: \_\_\_\_\_  
Street City State Zip

Phones: \_\_\_\_\_  
Mother: Home Cell Work Father: Home Cell Work

Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell Work

Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell Work

Address: \_\_\_\_\_  
Street City State Zip

Health Information which PSR should know about student, including any medication information, and wishes for handling any physical/medical emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of accident or serious illness, I request the PSR to contact me. If the school is unable to reach me, I hereby authorize the PSR to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the PSR may follow my instructions above or make whatever arrangements seem necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Local Physician: \_\_\_\_\_  
Name Phone: Office Emergency

Emergency Center/Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_