

PSR EMERGENCY INFORMATION CARD

Family Name _____

Parent _____
Mother Father Guardian

Address _____

Phones (Where you can reached during PSR time)

Mom: _____ **Dad:** _____ **Guardian:** _____

Email: _____ **Email:** _____ **Email:** _____

Two neighbors or relatives who can assume temporary care of your child(ren) if you can't be reached.

Name: _____ **Phone:** _____ **Email:** _____

Address: _____

Name: _____ **Phone** _____ **Email:** _____

Address: _____

Child(ren's) Information

Name _____ **Grade** _____

Health information that PSR should know about this child, including any medication information and wishes for handling any physical/ medical emergency.

Name _____ **Grade** _____

Health information that PSR should know about this child, including any medication information and wishes for handling any physical/ medical emergency.

(over)

Name _____ **Grade** _____

Health information that PSR should know about this child, including any medication information and wishes for handling any physical/ medical emergency.

Name _____ **Grade** _____

Health information that PSR should know about this child, including any medication information and wishes for handling any physical/ medical emergency.

Physician to be contacted if necessary: _____ **Phone:** _____

Emergency center/ Hospital if necessary _____ **Phone:** _____

In case of a serious accident or illness, I request the PSR director or teacher to contact me. If they are unable to reach me, I authorize them to contact the physician listed and to follow his/her instructions. If it is impossible to contact this physician, I authorize the PSR Director or teacher to follow my instructions above or make whatever arrangements seem necessary.

Signature or Parent or Guardian:

_____ **DATE** _____