

# *Emergency Card*

## *For the 2014-2015 School Year*

### **Information Concerning the STUDENT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

### **Information Concerning the PARENTS**

**Father's** Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

**\*Father's E-Mail Address (REQUIRED)** \_\_\_\_\_

**Mother's** Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

**\*Mother's E-Mail Address (REQUIRED)** \_\_\_\_\_

### **Health Insurance Policy**

Company \_\_\_\_\_ Policy/Plan # \_\_\_\_\_

Allergies \_\_\_\_\_

Other pertinent Information \_\_\_\_\_

### **Persons to Contact if Unable to Reach You**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of a disaster, Sahag-Mesrob Armenian Christian School may release my child to any of the people listed below (**PLEASE PRINT**). Every person listed **MUST** be 18 years of age or older.

<u>NAME</u>	<u>STREET ADDRESS</u>	<u>PHONE #</u>	<u>RELATIONSHIP</u>
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\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

(A copy of this form is the same as an original!)