

**EMERGENCY CARD**

Teacher \_\_\_\_\_

*Santa Cruz Parent Education Nursery School*  
Santa Cruz Adult School

CHILD'S NAME \_\_\_\_\_ Birth date \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Email (optional) \_\_\_\_\_

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

PARENT/GUARDIAN NAME \_\_\_\_\_ Home Phone \_\_\_\_\_

*(If different than above)*

Address \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell # \_\_\_\_\_ Email (optional) \_\_\_\_\_

**In case of emergency and I cannot be contacted, please call and release my child to:**

Phone # \_\_\_\_\_ Ask for: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Ask for: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Ask for: \_\_\_\_\_ Relationship \_\_\_\_\_

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**SPECIAL HEALTH PROBLEMS OR ALLERGIES:**

Student is presently taking continuing medication: Yes No

If yes, please indicate what it is and for what condition:

\_\_\_\_\_

**In case of serious illness, or an accident involving my child when I cannot be contacted, I hereby authorize school personnel to obligate me for emergency medical services.**

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_