

Williamsburg Community School District

EMERGENCY INFORMATION CARD – High School

Grade _____

Student's Name _____ Soc. Sec. # _____ Home Room _____
Last First M.I.

Home Address _____ Date of Birth _____

Student lives with (Circle one) Parents Mother Father Guardian

Parent's or Guardian's Names _____ Phone _____

Father's Business Employer/Address _____ Phone _____

Cell Phone _____

Mother's Business Employer/Address _____ Phone _____

Cell Phone _____

List 3 neighbors or local relatives who **are able to provide immediate transportation** and will assume responsibility for your child if you cannot be reached. **Telephone numbers are necessary.**

1. Name _____ 2. Name _____ 3. Name _____
Address _____ Address _____ Address _____
Phone _____ Phone _____ Phone _____
Cell _____ Cell _____ Cell _____

To help students and families, the school asks that you indicate student siblings or relatives that students may be released to or may ride the bus with in the case of a weather or school emergency.

1. Name _____ 2. Name _____ 3. Name _____
Grade _____ Grade _____ Grade _____
Address _____ Address _____ Address _____
Phone _____ Phone _____ Phone _____
Cell _____ Cell _____ Cell _____

Please check below if your child has any of the following conditions:

____ Allergies (be specific-food, medication) _____
____ Asthma _____ Diabetes _____ Heart condition _____ Ulcer _____
____ Bee sting reaction _____ Epilepsy _____ Hyperactivity _____ Other (Explain below) _____

Tylenol may be given to my Jr./Sr. High School child for occasional aches and pains. _____ YES _____ NO

Ibuprofen may be given to my Jr./Sr. High School child for occasional aches and pains. _____ YES _____ NO

List daily medication and dosage administered at home: _____

Child's Doctor _____ Phone _____ Hospital _____

In case of accident or serious illness, I request the school contact me. If necessary, I Authorize the school to initiate emergency procedures in accordance with school policy.

Primary Insurance Information _____ **(Name of Insurance)**

Last Tetanus: _____
Signature of Parent/Guardian _____ Date _____

Do Not Write on Back.

