

Williamsburg Community School District
Emergency Information Card



Student Name: _____
Grade: _____ Last _____ First _____ Middle _____ Suffix (Jr, III, etc.) _____
Gender: _____ Date of Birth: _____ SS# : _____

Primary Family (Family Student Resides With)

Home Address: _____

Parent/Guardian Name: _____ Relationship: _____ Allow Pickup: (Y / N)

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Address: _____ Phone: _____

Parent/Guardian Name: _____ Relationship: _____ Allow Pickup: (Y / N)

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Address: _____ Phone: _____

Siblings in this Family (Currently Enrolled in WCSD)

Name: _____ Last _____ First _____ Middle _____ Grade: _____

Name: _____ Last _____ First _____ Middle _____ Grade: _____

Name: _____ Last _____ First _____ Middle _____ Grade: _____

Name: _____ Last _____ First _____ Middle _____ Grade: _____

Secondary Family (If Applicable)

Home Address: _____

Parent/Guardian Name: _____ Relationship: _____ Allow Pickup: (Y / N)

Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian Name: _____ Relationship: _____ Allow Pickup: (Y / N)

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contacts (Not Including Guardians Listed Above)

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____

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

Allergies (food, medications, etc)

Asthma: _____ Diabetes: _____ Heart condition: _____ Ulcer: _____
Bee sting reaction: _____ Epilepsy: _____ Hyperactivity: _____ Other (Explain below): _____

List daily medication and dosage administered at home: _____

Child's Doctor: _____ Phone: _____ Hospital: _____

Primary Insurance Information (Name of Insurance): _____

Last Tetanus Shot: _____

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.

Parent/Guardian Signature Date