

**EMERGENCY CARD 2018-2019**

For internal use only. Please fill out as completely as possible.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contacts (not parents; must list two):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Concerns OR Changes from Previous School Year: \_\_\_\_\_

I hereby authorize Providence Academy Prekindergarten, Lower, Middle and Upper School to seek emergency care for my child. 9-1-1 will be the source of emergency care utilized.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_