

EMERGENCY CARD 2019-2020

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: _____ Work Phone: _____

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 Pre-kindergarten, 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: _____