

EMERGENCY CARE CARD – CONNELLSVILLE AREA SCHOOL DISTRICT

STUDENT'S LAST NAME _____ FIRST _____ MIDDLE _____

BUILDING _____ GRADE _____ HOMEROOM _____

Student's Home Address _____

Home Phone/Cell Phone Number(s) _____

Father's Work Number _____ Mother's Work Number _____

In case of accident or illness in school and we are unable to contact either parent at above numbers, please contact:

1. _____ Phone No. _____

2. _____ Phone No. _____

3. _____ Phone No. _____

4. _____ Phone No. _____

Known medical problems or health concerns _____

Since the care and treatment of any child is primarily a parental responsibility, I understand that every effort will be made to contact either parent first in case our child becomes ill or is injured at school. In case of an emergency, your child will be transported to the nearest medical facility. Information requested on this form will be shared with necessary school personnel.

Date _____ Signature of Parent _____