

**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 \_\_\_\_\_