## PSR EMERGENCY INFORMATION CARD

Student Name:						
Last			First			
Parents/Guardian:						
M	Iother	Fa	ather	Guard	ian (if appli	cable)
Address:						
Street			City		State	Zip
Phones:						
Mother: Home	Cell	Work	Father: Home	Cell		Work
Two nearby relatives or n	eighbors who v	vill assume tempo	orary care of your chil	d if you cann	ot be reac	hed:
Name:		1	Phone:			
			Home	Cell		Work
Address: Street			City		State	Zip
		_	•		State	Zip
Name:		I	Phone: Home	Cell		Work
Address:				Ceii		WOTK
Street			City		State	Zip
				(con	tinue on	reverse)
Student Name:			FORMATION CAR	RD		
Last			First			
Parents/Guardian:						
	Iother	Fa	ather	Guard	ian (if appli	cable)
Address:						
Street			City		State	Zip
Phones:						
Mother: Home	Cell	Work	Father: Home	Cell		Work
Two nearby relatives or n	eighbors who v	vill assume tempo	orary care of your chil	d if you cann	ot be reac	hed:
Nome		-	Dhama			
Name:		I	Phone: Home	Cell		Work
Address:			C'.		G: :	7.
Street			City		State	Zip
Name:		1	Phone:			***
Address:			Ноте	Cell		Work
Street			City		State	Zip

(continue on reverse)

	al/medical emergency:			
In case of accident or serious illness, I request the reach me, I hereby authorize the PSR to call the pinstructions. If it is impossible to contact this phyabove or make whatever arrangements seem neco	physician indicated below a ysician, the PSR may follow	and to follow his		
Signature of Parent or Guardian	Date			
Local Physician:  Name	Phone: Office	T.		
		Emergency		
	ncy Center/Hospital Phone:			
		nedication		
Health information which PSR should know about information, and wishes for handling any physical		nedication		
	al/medical emergency:  ne PSR to contact me. If the physician indicated below a sysician, the PSR may follow	school is unable to and to follow his		
In case of accident or serious illness, I request the reach me, I hereby authorize the PSR to call the pinstructions. If it is impossible to contact this phyabove or make whatever arrangements seem necessible.	al/medical emergency:  ne PSR to contact me. If the physician indicated below a sysician, the PSR may follow	school is unable to and to follow his		
In case of accident or serious illness, I request the reach me, I hereby authorize the PSR to call the pinstructions. If it is impossible to contact this phyabove or make whatever arrangements seem necessignature of Parent or Guardian  Local Physician:	ne PSR to contact me. If the physician indicated below a ysician, the PSR may follow essary.	school is unable to and to follow his my instructions		
In case of accident or serious illness, I request the reach me, I hereby authorize the PSR to call the pinstructions. If it is impossible to contact this physical serious in the part of	ne PSR to contact me. If the physician indicated below a sysician, the PSR may follow essary.  Date  Phone: Office	school is unable to and to follow his		