

PSR EMERGENCY INFORMATION CARD

Student Name: _____
Last First

Parents/Guardian: _____
Mother Father Guardian (if applicable)

Address: _____
Street City State Zip

Phones: _____
Mother: Home Cell Work Father: Home Cell Work

Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name: _____ **Phone:** _____
Home Cell Work

Address: _____
Street City State Zip

Name: _____ **Phone:** _____
Home Cell Work

Address: _____
Street City State Zip

(continue on reverse)

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(continue on reverse)

Health information which PSR should know about student, including any medication information, and wishes for handling any physical/medical emergency:

In case of accident or serious illness, I request the PSR to contact me. If the school is unable to reach me, I hereby authorize the PSR to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the PSR may follow my instructions above or make whatever arrangements seem necessary.

Signature of Parent or Guardian

Date

Local Physician: _____
Name

Phone: Office

Emergency

Emergency Center/Hospital _____

Phone _____

Address: _____

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