

# Charter School of Educational Excellence

## 2010-2011 STUDENT EMERGENCY CONTACT CARD

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  
Student's (Last) Name First Name MI

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade/Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Parent/s/Legal Guardian/s: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House No. Street City/Town State Zip Code

Home Telephone: \_\_\_\_\_ Mobile/Cell #: \_\_\_\_\_

Employer/Company's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/s Work Address: \_\_\_\_\_

Telephone 2 #: \_\_\_\_\_ Other #: \_\_\_\_\_

\*Email: \_\_\_\_\_@\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

(LIST ONLY INDIVIDUALS THAT THE SCHOOL CAN RELEASE YOUR CHILD TO IN THE EVENT OF AN EMERGENCY)  
ADD MORE ON BACK IF APPLICABLE

Emergency Contact Person #1 (Full name)	Telephone:	Relationship to Student
Emergency Contact Person #2 (Full name)	Telephone:	Relationship to Student
Emergency Contact Person #3 (Full name)	Telephone:	Relationship to Student

Please list any medical and/or physical condition/s the school should be aware of that would require immediate medical response to food allergies, asthma, epilepsy, etc. for your child. Identify any medication and frequency of use during the school day. If your child has a physical disability (impaired vision, hearing, etc.) or requires the use of a wheelchair or other mobility device, please identify. This information is very important for providing students with proper accommodations and responding appropriately during any emergency, drill, and school evacuation.

Pediatrician's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

My child has **NO** medical or physical conditions that I am aware of.

My child has the following medical and/or physical condition/s:

1. \_\_\_\_\_ Treatment: \_\_\_\_\_

2. \_\_\_\_\_ Treatment: \_\_\_\_\_

Does your child have any disabilities that require any special physical or learning accommodations and/or an **Individualized Education Plan (IEP)**? If so, please inform the school and provide copies of the IEP so that your child receives eligible and appropriate educational services.

My child has a physical disability that requires the following accommodations: \_\_\_\_\_

My child has an IEP. I have attached a copy for the school's records.

X \_\_\_\_\_

Parent/ Guardian's Signature (REQUIRED)

Updated \_\_\_\_\_