

Please print and complete in ink

Plaquemines Parish School Board EMERGENCY INFORMATION CARD



Student's Name: _____ Grade _____ Teacher _____

Mailing Address: _____ Bus # _____ Birthdate: _____

Physical Address: _____ Home # _____

Father's Name: _____ Mother's Name: _____

Important Phone Numbers:

Father: home _____ work: _____ pager: _____ cell: _____

Mother: home _____ work: _____ pager: _____ cell: _____

List nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached due to illness or emergencies only.

Name: _____ phone#: _____ cell: _____

Name: _____ phone#: _____ cell: _____

Name: _____ phone#: _____ cell: _____

Name: _____ phone#: _____ cell: _____

Sister _____ Grade _____ Brother: _____ Grade _____

Sister _____ Grade _____ Brother: _____ Grade _____

Sister _____ Grade _____ Brother: _____ Grade _____

Medical Condition: _____

List all medications (name, dosage, frequency, & special treatments): _____

If your child has asthma, date of last attack: _____

Child's Doctor: _____ phone#: _____

Insurance Company: _____ Medicaid: Yes or No

If your child has any physical restrictions/limitations, you must provide proper documentation from your physician each school year. Any food allergies require a physician's note, submit it to the cafeteria's manager yearly.

In case of accident or serious illness, I request this school to contact me. If the school is not able to reach me, I hereby authorize the school on my behalf to activate emergency services including transportation to the nearest emergency room.

Parent/Guardian Signature: _____ Date: _____

It is the parent/guardian's responsibility to notify the school immediately if any of the above phone numbers change.