

CATAPULT LEARNING

Emergency card

Student name _____ Grade _____

Address _____

A. Please list names and phone numbers parents/guardians. Including cell and work

Mother _____ Home # _____

Cell # _____ work# _____

Father _____ Home# _____

Cell# _____ work# _____

B. In case of accident, illness or emergency. I request the school to contact the following persons who have agreed to arrange for my child's care.

1 Name _____ Home# _____

Cell# _____ Work _____

2. Name _____ Home# _____

Cell# _____ Work# _____

C. List any medical problems. (Asthma, diabetes, Food allergy, Head injury, Fractures, seasonal allergy)

D. I give permission for the school nurse to share this information with the appropriate staff members and personal and to give any emergency treatment necessary.

Signature _____ Date _____