

Last name: _____ School Year: _____

EMERGENCY INFORMATION CARD

This card is kept in the office emergency go-bag in the event of necessary evacuation and inability to re-enter the building.

*Please attach a
clear and recent
facial photo
of your child
here.*

CHILD'S NAME: _____ Male ___ Female ___

Date of Birth: _____ Mother: _____ Father: _____

Home Phone: _____ Child lives with: Mother ___ Father ___ Both Parents ___ Other ___

Work Phone (Mother): _____ Work Phone (Father): _____

Cell Phone (Mother): _____ Cell Phone (Father): _____

Child's Allergies: _____

Outstanding Medical Conditions: _____

Medicines child takes routinely: _____

Child's Pediatrician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Subscriber's Name: _____ Place of Employment: _____

Emergency Contacts (to be used only if parents are not able to be reached):

1-	NAME	ADDRESS	PHONE	RELATION TO CHILD

2-	NAME	ADDRESS	PHONE	RELATION TO CHILD

In an emergency, AUMC WPS/ELP has my permission to call 9-1-1 or my child's physician. In an emergency, when I cannot be contacted, the school has my permission to have my child transported to the emergency room of INOVA Fairfax Hospital. The hospital staff has my authorization to provide treatment that a physician deems necessary for the well-being of my child.

SIGNATURE OF PARENT OR GUARDIAN DATE

(*PLEASE COMPLETE REVERSE SIDE*)

[Reverse side]

Days of the week child attends (Circle): **M Tu Wed Thurs Fri**

Teacher: _____

Classroom: _____

Siblings also attending WPS/ELP: _____

Days of the week sibling attends (Circle): **M Tu Wed Thurs Fri**

Sibling's Teacher: _____

Sibling's Classroom: _____