

Demarest Public Schools Emergency Information Card

Please Print All Information

Student's Name _____ Grade/Class _____
Last First Birth Date _____
Address _____ Month/Day/Year
Home Phone # _____

Mother's Email Address _____ Father's Email Address: _____

Parent/Guardian: To serve your child in case of accident/ sudden illness, it is necessary that you give the following information for emergency calls:

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

Address of Non-custodial Parent if pertinent. Address _____

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Relationship _____
Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____
Home # _____ Work # _____ Cell # _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physicians named below and follow their instructions. In the event that it is impossible to contact the physician, school officials are hereby authorized to take whatever action is deemed necessary for the health of the aforesaid child. I will not hold the school district responsible for the emergency care and/or transportation for said child.

Local Physician's Name _____ Office # _____

Local Dentist's Name _____ Office # _____