

OCCS EMERGENCY INFORMATION CARD
2020/2021 SCHOOL YEAR

(Please Print)

Student's Name: _____ Birth Date: _____

Address: _____ Home Phone: _____

Email: _____

Where can parents be reached if not at home?

Mother's Name _____ Phone: _____

Father's Name _____ Phone: _____

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

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

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 physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature
of parent/guardian: _____

Remarks:

Allergies:

Other Conditions:

Physician Name: _____

Physician's Address: _____

Physician's Phone: _____