

**OCCS EMERGENCY INFORMATION CARD**  
**2024-2025 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: \_\_\_\_\_