



Student: _____

Homeroom: _____

Grade: _____

Student Emergency Card

To Parent or Guardian: To better serve your child in case of accident or sudden illness that occurs at school or at a school related activity, it is requested that the information on this card be completed. PLEASE MAKE ANY CORRECTIONS IN THE SPACE PROVIDED.

Last Name: _____

First/Middle Name: _____

Birth Date: _____ Gender: _____

Ethnicity: _____

Must be one of the following:

American Indian/Alaska Native	Hispanic
Asian	White
Black or African American	Native Hawaiian/Pacific Islander
	Unspecified

AM Bus #: _____ PM Bus #: _____

Parent Name: _____

House Number: _____ Apt Number: _____

Street Address: _____

City & State: _____

Zip Code: _____

Phone numbers 1-3 will be used for our Parent Alert System:
(Phone 1 will be used for general announcements and attendance/absences.)
Example: Phone#1:(757)547-0153 Description: Mom at Home

Phone #1: () _____ Description: _____

Phone #2: () _____ Description: _____

Phone #3: () _____ Description: _____

Phone #4: () _____ Description: _____

Phone #5: () _____ Description: _____

Phone #6: () _____ Description: _____

Phone #7: () _____ Description: _____

E-mail #1: _____ Description: _____

E-mail #2: _____ Description: _____

If my child is ill, please call phone# _____ (listed above)

CHECK IF ALL PRE-PRINTED INFORMATION IS CORRECT:

List person(s) who MAY pick up your child from school:

List person(s) who LEGALLY MAY NOT pick up your child from school
(parent must provide copy of court order):

Signature of Parent or Guardian

Date

In order to maintain an up-to-date school record, please notify the school when changes occur.

Date Printed:

Does your child have Health Insurance? Yes No Would you like more information? Yes No

Special Health Condition(s) including allergies: _____

Medication(s): _____

Recommendation(s): _____

Physician: _____

Phone: _____

I, the undersigned, do hereby authorize the personnel of Chesapeake Public Schools to contact directly the persons named on the card and do authorize the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of my child.

In the event that the physician(s), other persons named on this card, or parents cannot be contacted, the school personnel are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of my child.

I will not hold the school district financially responsible for the emergency care and/or transportation of my child.

Signature of Parent or Guardian

Date

Complete this section only if your son or daughter participates in school athletics.

I understand that the degree of danger and seriousness of the risk varies significantly from one sport to another, with contact sports carrying the higher risk. The above named student is insured by our family policy with:

Name of Company

Policy Number

Name of Insured

Signature of Parent of Guardian

Date

In order to maintain an up-to-date school record, please notify the school when changes occur.