

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.*

CHILD'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Home Phone \_\_\_\_\_ Child lives with: Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_

Work Phone (Mother) \_\_\_\_\_ Work Phone (Father) \_\_\_\_\_

Cell Phone (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Outstanding Medical Conditions \_\_\_\_\_

Medicines child takes routinely \_\_\_\_\_

Child's Doctor/Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

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

1- _____	NAME	ADDRESS	PHONE	RELATION TO CHILD
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2- _____	NAME	ADDRESS	PHONE	RELATION TO CHILD
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In an emergency, AUMC WPS/ELP has my permission to call my child's physician or 911. In an emergency, when I cannot be contacted, the school has my permission to take my child 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 attach a recent photograph of your child here.*

Days of the week child attends \_\_\_\_\_

Teacher \_\_\_\_\_

Classroom \_\_\_\_\_

Siblings attending WPS/ELP \_\_\_\_\_

Days of the week sibling attends \_\_\_\_\_

Sibling's Teacher \_\_\_\_\_

Sibling's Classroom \_\_\_\_\_