

Family Emergency Card

Name: _____

Last name

First Name(s)

Address: _____

Home phone: _____ DOB(s): _____

Mother's Name: _____ W# and/or C#: _____

Father's Name: _____ W# and/or C#: _____

Email address: _____

How do you prefer we contact you with school/classroom information?

____ email ____ cell phone ____ home phone ____ hard copy in cubby

Emergency Contact: _____

Name/relationship

Emergency Phone #'s: _____

Home/Work/Cell

Personal concerns: _____

Medical concerns: _____

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Address: _____

Home phone: _____ DOB(s): _____

Mother's Name: _____ W# and/or C#: _____

Father's Name: _____ W# and/or C#: _____

Email address: _____

How do you prefer we contact you with school/classroom information?

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