

**Mother Lode Christian School  
EMERGENCY CARD**

Students Name: Last, \_\_\_\_\_ First \_\_\_\_\_ Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

**Please Print**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In case of an emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Please list two other individuals you would like us to contact in case of an emergency – if the above named person is unavailable:

(Name) (Relationship) (Home Phone) (Work Phone)

1. \_\_\_\_\_

2. \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Choice \_\_\_\_\_

Secondary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Choice \_\_\_\_\_

Known Health Problem(s) or Allergies \_\_\_\_\_

Medication(s) taking \_\_\_\_\_ for \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event of an emergency illness or injury, I hereby authorize Mother Lode Christian School to contact my physician and/or individual(s) listed above and/or transport my child to the hospital I have selected above, if necessary. I understand all expense(s) related to this emergency are the responsibility of the parents and will not be paid by Mother Lode Christian School.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_