

**Shoreline Children's Center
Emergency Card**

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____
Date of Birth _____ Age _____ Male/Female _____
School/grade _____ IEP (Individual Education Plan) Yes/No _____

HEALTH ALERT / MEDICATION INFORMATION / CRITICAL ALERT

GUARDIAN INFORMATION

Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship to Child _____	Relationship to Child _____
Address _____	Address _____ (if different)
City/Zip _____	City/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Place of Employment _____	Place of Employment _____
Email _____	Email _____

PEOPLE AUTHORIZED TO PICK UP CHILD

Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____
Last Name _____	First Name _____	Phone _____

Under no circumstances will a child be released to anyone else without written authorization from parent/guardian.

Parent/Guardian Signature _____
Date

Physician/Clinic _____ Phone _____ Date of Last Physical _____

I verify that current immunization status is on file at the Center/School _____
Parent/Guardian Signature

In case of an emergency, when parent/guardian cannot be reached, school personnel have my/our permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my/our child.

Parent/Guardian Signature _____
Date