

# Student Emergency Card

Lemon Grove School District

Child's Name		Date of Birth		M	F
				Gender	
Parent's/Guardian's Name:		Parent's/Guardian's Name:			
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:		
Address:		Address:			
City, ST. ZIP Code:		City, ST. ZIP Code:			
Email:		Email:			
Employer's Name:                      Work #		Employer's Name:		Work #:	
Military: <input type="checkbox"/> Yes    Branch :	Start Date:	Military: <input type="checkbox"/> Yes    Branch :	Start Date:		
<input type="checkbox"/> No	End Date:	<input type="checkbox"/> No	End Date:		

## Alternative Emergency Contacts

Emergency Contact/Relationship:		Emergency Contact/Relationship:			
Home Phone:	Work/Cell Phone:	Home Phone:	Work/Cell Phone:		
Address:		Address:			
City, ST. ZIP Code:		City, ST. ZIP Code:			
Emergency Contact/Relationship:		Emergency Contact/Relationship:			
Home Phone:	Work/Cell Phone:	Home Phone:	Work/Cell Phone:		
Address:		Address:			
City, ST ZIP Code:		City, ST ZIP Code:			

## Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations:	

If your child becomes seriously ill or injured and, in the opinion of the school officials, requires immediate medical attention (and we are unable to contact you) an ambulance will be called at your expense to transport him/her to the nearest emergency hospital.

Parent's/Guardian's Signature

Date