

WEBUTUCK CENTRAL SCHOOL

SCHOOL EMERGENCY CARD

PLEASE COMPLETE THE FOLLOWING AND RETURN TO SCHOOL

Name of Student: _____ DOB: _____ Teacher: _____ Grade: _____

Name of Student: _____ DOB: _____ Teacher: _____ Grade: _____

Name of Student: _____ DOB: _____ Teacher: _____ Grade: _____

Address: _____ Bus# AM _____

Mailing Address: _____ Bus #PM _____

Home Telephone: _____ Cell#: _____

E-Mail: _____

For the security and safety of your child, **choose a password for identification purposes.** In the event you call the school requesting a change in your child's schedule that day or confidential information about your child, you will be asked to state your password. **PASSWORD:** _____

Student Resides With: (Please indicate with a check mark)

☐ Mother: _____ Cell# _____

Work Place: _____ Work# _____ ext: _____

☐ Father: _____ Cell# _____

Work Place: _____ Work# _____ ext: _____

☐ Guardian: _____ Cell# _____

Work Place: _____ Work# _____ ext: _____

Emergency Contact: _____ Relationship to child: _____

Home# _____ Work# _____ Cell: _____

Student's Allergies: (Please list) _____

Custody Issues: _____

Sitter's Information: _____ Phone# _____

Full Name

Address

Parent/Guardian's Signature: _____ Date: _____