

STROUDSBURG AREA SCHOOL DISTRICT
EMERGENCY CARD

Dear Parent/Guardian:

Thank you for assisting the school staff by completing **BOTH SIDES** of this emergency card. It is necessary and important to have this information to help us in informing you as soon as possible of your child's illness, injury or any school related business. **PLEASE KEEP SCHOOL STAFF INFORMED OF ANY CHANGE IN THIS DATA.** You are invited to contact your child's building principal in the event you have any inquires regarding this form.

Child's Name _____ Sex _____ Birthdate _____ Grade _____

School I.D. # _____ Homeroom Teacher _____ School _____

Child resides with (check all that apply): 1) Mother _____, 2) Father _____, 3) Stepmother _____, 4) Stepfather _____, 5) Relative _____ name _____, 6) Guardian _____ name _____.

Father/Guardian's Name _____
Last First Place of Employment Work Phone with ext #

Home Mailing Address _____ Telephone # _____
PO Box/Street/Apt _____ Cell Ph # _____
Pager # _____

City, State, Zip Code

Mother/Guardian's Name _____
Last First Place of Employment Work Phone with ext #

Home Mailing Address _____ Telephone # _____
PO Box/Street/Apt _____ Cell Ph # _____
Pager # _____

City, State, Zipcode

Parent/Guardian's e-mail address _____

Directions to Student's Home (including street address)

Bus Number _____

Please provide the names and phone numbers of **TWO LOCAL** people who may act in your behalf in the event WE CAN NOT REACH YOU. In the event of an emergency or illness in which your child cannot remain in school your child has permission to go home with the listed emergency contacts.

NAME ADDRESS RELATIONSHIP PHONE#/CELLULAR#

1.

2.

Signature of Parent/Guardian Date

Turn over and complete back of form

