



## BACKPACK EMERGENCY CARD

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_  
 School: \_\_\_\_\_

Special Needs, Medical Conditions, Allergies, Important Information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DIAL 911 FOR EMERGENCIES

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### Parent / Guardian / Care Giver

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

### Alternate Point of Contact

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

