

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: _____

