

**FREEPORT PUBLIC SCHOOLS**  
Emergency Home Contact

Bus No. \_\_\_\_\_

Date \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Birth Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

**TO PARENT OR GUARDIAN: To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information for emergency calls:**

Name

Business Phone

Cell Phone

Mother \_\_\_\_\_

Father \_\_\_\_\_

**LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

**HEALTH INFORMATION: List any health condition such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problem, or any chronic condition, etc.**

Explanation: \_\_\_\_\_

Tetanus Date

Drug Allergies

Current Medications

Family Doctor

Address

Telephone

I, the undersigned, do hereby authorize officials of Freeport School District to contact directly the persons named on this card. In the event I cannot be reached in case of injury or illness, you have my permission to take my daughter/son to a doctor or hospital by whatever means of transportation is available, including a private car, for medical aid and I hereby authorize the doctor or hospital to administer medical care.

2/87

\_\_\_\_\_  
Signature of Parent or Guardian