

Gateway School Emergency Card

(831) 423-0341

Please print clearly using black or blue ink

Student's Last Name _____ First _____ Middle _____ Sex _____ DOB _____ Grade _____

Home Address (1) _____ Home Phone(1) _____

City _____ Zip _____

Home Address (2) _____ Home Phone(2) _____

City _____ Zip _____

(1) Parent or Guardian to Contact

Name _____ Cell Phone _____

Parent 1 works at _____ Work Phone _____

Parent 1 work title _____ Pager _____

(2) Parent or Guardian to Contact

Name _____ Cell Phone _____

Parent 2 works at _____ Work Phone _____

Parent 2 work title _____ Pager _____

Persons to call if parents cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Allergies or Special Medical Conditions _____

Observable symptoms & course of action (i.e. wheezing due to asthma - has inhaler in backpack) _____

**Please use the back if you need more space

Doctor _____ Doctor's Phone _____

Health Insurance Company _____ Phone #/Contact _____ ID Number _____

Dentist _____ Dentist's Phone _____

Dental Insurance Company _____ Phone #/Contact _____ ID Number _____

*In case of emergency due serious illness or injury when I cannot be contacted, I give my permission for Gateway staff members to transport my child to the nearest medical facility and/or authorize emergency medical or dental attention for my child.

Parent/Guardian Signature _____ Date _____

Persons authorized to pick up my child from Gateway:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____