

**PLHS EMERGENCY CARD**  
**(This card must be completed every school year)**

Full Legal Name \_\_\_\_\_  
(last, first, middle)

Sex: M  F  Birth Date \_\_\_\_\_ Primary Language \_\_\_\_\_  
(spoken at home)

Home Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer Name/ City \_\_\_\_\_ Work Hours: from \_\_\_\_\_ to \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer Name/ City \_\_\_\_\_ Work Hours: from \_\_\_\_\_ to \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child resides with \_\_\_\_\_

**EMERGENCY CONTACTS** If parent/guardian cannot be reached, the school authorities have my permission to release my child to the one of the following:

NAME	RELATIONSHIP	PHONE

Does your child have any unusual health conditions? YES  NO

- Asthma                       Heart Problems                       Diabetes                       Seizures
- Hearing Impairment                       Vision Impairment                       Wears Glasses/Contacts                       Hemophilia
- Allergies \_\_\_\_\_                       Other \_\_\_\_\_

List any medications your child takes regularly:

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTIFY THE SCHOOL IMMEDIATELY OF ANY CHANGES TO THIS INFORMATION.