## **Mason County Eastern Schools**

Custer, MI 49405

## **EMERGENCY CARD**

Phone # Date of Birth Grade Bus# Address City Zip	Student's Last Name		Student's First Name		
Parent/Guardian:   Name	Phone #	_ Date of Birth _		Grade	Bus#
Name	Address		City	Zip	
Relationship to student  Does the child reside with you? Yes / No  Address City  Primary Phone Text: Yes / No Secondary Phone Text: Yes / No Receives Mailings? Yes / No Email Place of Employment Work Phone #  Does the student have at least one parent/guardian who is a member of the Armed Forces on active duty?yes no In the event that injury or illness requires immediate attention and none of the above persons can be contacted, I hereby authorize the school to arrange transportation to the nearest hospital which may render emergency treatment. If the nearest hospital is unacceptable, please indicate atternate in space below. I will be responsible for charges incurred for my child.  Emergency contacts who have permission to pick up child if the parent is unavailable: (If contact is to receive mailing please provide mailing address)  Name Relationship to student Phone Receives Mailings? Yes / No Address if receives mailing Name Relationship to student Phone Receives Mailings? Yes / No Address if receives mailing  Emergency Medical Information  Family Doctor Phone # Hospitalization Co Policy#  Please identify below any significant medical problems which the school personnel should know about for the welfare of the child.	Parent/Guardian:		7	Parent/Guardian:	
Does the child reside with you? Yes / No  Address				Name	
Address	Relationship to student			Relationship to student	
City	Does the child reside with you? Yes / No			Does the child reside with you? Yes / No	
City	Address			Address	
Text: Yes / No Secondary Phone					
Secondary Phone Text: Yes / No Receives Mailings? Yes / No Email Place of Employment Work Phone #  Does the student have at least one parent/guardian who is a member of the Armed Forces on active duty?yes no In the event that injury or illness requires immediate attention and none of the above persons can be contacted, I hereby authorize the school to arrange transportation to the nearest hospital which may render emergency treatment. If the nearest hospital is unacceptable, please indicate alternate in space below. I will be responsible for charges incurred for my child.  Emergency contacts who have permission to pick up child if the parent is unavailable: (If contact is to receive mailing please provide mailing address)  Name					
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Receives Mailings? Yes / No Address if receives mailing	•		• •	•	•
Receives Mailings? Yes / No    Receives Mailings? Yes / No   Address if receives mailing   Emergency Medical Information   Family Doctor _					
Emergency Medical Information  Family Doctor Phone# Hospitalization Co. Policy#  Please identify below any significant medical problems which the school personnel should know about for the welfare of the child.	<del>-</del>				
Family Doctor Phone#  Hospitalization Co Policy#  Please identify below any significant medical problems which the school personnel should know about for the welfare of the child.					
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