

Mason County Eastern Schools
Custer, MI 49405
EMERGENCY CARD

Student's Last Name _____ Student's First Name _____
Phone # _____ Date of Birth _____ Grade _____ Bus# _____
Address _____ City _____ Zip _____

Parent/Guardian:
Name _____
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 # _____

Parent/Guardian:
Name _____
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 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 _____ 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.

*****Signature of Parent or Guardian _____ Date _____**