

PEEKSKILL MIDDLE SCHOOL
EMERGENCY CARD

STUDENT: _____

BIRTHDAY: _____ GRADE: _____ MALE _____ FEMALE _____

STUDENT MAILING ADDRESS: _____

STUDENT LIVES WITH: MOTHER _____ FATHER _____ GUARDIAN _____

FATHER

NAME: _____ ADDRESS: _____

CELL# _____ HOME# _____ WORK# _____ E-MAIL _____

MOTHER

NAME: _____ ADDRESS: _____

CELL# _____ HOME# _____ WORK# _____ E-MAIL _____

GUARDIAN

NAME: _____ ADDRESS: _____

CELL# _____ HOME# _____ WORK# _____ E-MAIL _____

IN CASE OF EMERGENCY, IF I CANNOT BE REACHED YOU HAVE PERMISSION TO CALL:

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL# _____ HOME# _____ WORK# _____

NAME: _____ RELATIONSHIP TO CHILD: _____

CELL# _____ HOME# _____ WORK# _____

My child has permission to go on walking trips throughout the community: YES _____ NO _____

My child has permission to be photographed, videotaped and/or interviewed for school related projects:

YES _____ NO _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____