



STUDENT EMERGENCY CARD

Student's Name: _____
Last First Middle

Male / Female _____ Date of Birth: _____

Student's Soc Security Number _____

Address: _____
_____ House Number Street Apartment # City Zip Code

Home Phone _____ /Cell Phone _____ /Work Phone _____

1. Parent/Guardian _____ Daytime Phone _____

2. Parent/Guardian _____ Daytime Phone _____

After School
Program _____
Name Address Phone

Emergency Contacts: Emergency Contacts will be used if LoveWorks' office staff cannot contact the parent/guardian during the school day; in the case of illness, school closure, or emergency.

Name: _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____