

Grade _____ HR# _____ Gender _____ CRANSTON PUBLIC SCHOOLS Bus # _____
EMERGENCY CARE CARD Allergies/Medical Problems _____

STUDENT _____ DOB _____
Last Name _____ First Name _____ MI _____

ADDRESS _____ Home Phone _____
Street _____ City _____ State _____ ZIP _____

Father's Name _____ Cell Phone _____ Work Phone _____

Father's Email _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Mother's Email _____

CUSTODIAL AGREEMENT: N/A _____ SOLE _____ DUAL _____ RESTRAINING ORDER: YES _____ NO _____
If YES, attach copy

SIBLINGS AT THIS SCHOOL _____

List, in order, persons to be notified of emergency / illness / early dismissal who are authorized and willing to accept responsibility for this student's care.

1. Name _____ Relationship _____ Cell Phone _____
Address _____ Home Phone _____ Work Phone _____

2. Name _____ Relationship _____ Cell Phone _____
Address _____ Home Phone _____ Work Phone _____

3. Name _____ Relationship _____ Cell Phone _____
Address _____ Home Phone _____ Work Phone _____

4. Name _____ Relationship _____ Cell Phone _____
Address _____ Home Phone _____ Work Phone _____

PLEASE COMPLETE AND SIGN FOLLOWING PORTION OF THIS CARD

EMERGENCY EARLY DISMISSAL INFORMATION

PLEASE BE ADVISED THAT IT WILL BE IMPOSSIBLE TO TELEPHONE PARENTS IN THE EVENT OF EARLY SCHOOL CLOSING

In the event of early school closing and no one is home, my child has been instructed to:

Physician/Pediatrician: _____ Phone: _____

It is the parent / guardian's responsibility to keep the school advised of any changes.

Signature of Parent / Guardian: _____

Date: _____