

STUDENT EMERGENCY CARD

Grade _____ M F Birthdate _____**THIS FORM HAS BEEN FILLED OUT BY:** PARENT LEGAL GUARDIAN CAREGIVERPLEASE CHECK APPLICABLE BOX. STUDENTS ARE **NOT PERMITTED** TO FILL OUT THIS FORM. Advise NHS Attendance Office of any changes to your information.

We would appreciate that you TYPE IN THIS IMPORTANT INFORMATION using the FILL-IN FEATURE we've formatted for you

(Last Name) _____ (FIRST) _____ (M) _____

Address/City/Zip _____ Home Phone _____

MOTHER, Legal Guardian, or Caregiver's NAME

FATHER, Legal Guardian, or Caregiver's NAME

Address or "SAME"

Address or "SAME"

Business Phone No.

Business Phone No.

Cell Phone No. for MOTHER, Legal Guardian or Caregiver

Cell Phone No. for FATHER, Legal Guardian or Caregiver

E-mail Address for MOTHER, Legal Guardian or Caregiver

E-mail Address for Father, Legal Guardian or Caregiver

Special Medical Conditions (If none, write "none")

Medications

Additional Information

→ REQUIRED: PROOF of Pertussis Vaccine (TDap) submitted to Northgate HS: (Date) _____ (Click HERE for info)In the event of illness or injury, when I cannot be reached by phone, my student may be released to the care and supervision of any of the following persons.
In a medical emergency, the school will call 911. The parent is responsible for the expense.

Neighbor/Friend	Relative
Home Phone	Home Phone
Bus. Phone	Bus. Phone
Cell Phone	Cell Phone

In real emergencies, call Dr. _____ Phone _____ OR any physician available? YES NO

Health Plan _____ Dentist _____ Dentist Phone _____

Please list all members of the household and their relationship to student, birthdate (if under 18 years of age) teacher, grade, and school, if enrolled in this district.

Name	Relationship	Birthdate (if under 18)	Teacher	Grade	School

Grades 11 and 12 ONLY / Solamente 11 y 12 Grados

RELEASE OF INFORMATION TO MILITARY RECRUITERS: Your child's name, address and phone number WILL be released to military recruiters UNLESS you specify here that you want this information withheld.

 DO NOT release my child's directory information to military recruiters without my prior written consent.

PERMISO PARA DAR INFORMACIÓN A LOS RECLUTADORES MILITARES: El nombre de su hijo/a, dirección, número de teléfono, y fecha de nacimiento será proveída a los reclutadores militares. La información no será proveída solamente si usted lo indica marcando el casillero.

 NO dé información de mi hijo/a a los reclutadores militares sin mi consentimiento escrito.

I/We authorize my child to have any medical/dental attention that may be deemed necessary. The information contained herein is correct.

X _____ Date _____ X _____ Date _____

MOTHER, Legal Guardian, or Caregiver's signature

FATHER, Legal Guardian, or Caregiver's signature

Legal Guardians MUST have a COURT ORDER...Please BRING a COPY to REGISTRAR. Caregiver MUST sign a LEGAL AFFIDAVIT.
Please SEE REGISTRAR. Call 938-0900 ext. #3537 to MAKE APPOINTMENT WITH THE REGISTRAR.