

Streator Elementary Schools Emergency Service Card
Please **PRINT** or **TYPE** information requested below

Student Name: (as it appears on birth certificate)

Grade: _____

Last: _____ First: _____ Middle: _____

Address: _____ Primary Phone #: _____

Birthdate: ____/____/____ Gender: Male Female Secondary Phone #: _____

E-Mail Address: _____ Student Cell Phone #: _____

Medicaid #: _____

Family & Emergency Information: PLEASE CHECK A BOX

<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian #1	<input type="checkbox"/> Other:
Name: _____		
Address: _____		
Relationship: _____		
Workplace: _____		
Work Phone: _____		
Cell Phone: _____		

<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian #2	<input type="checkbox"/> Other:
Name: _____		
Address: _____		
Relationship: _____		
Workplace: _____		
Work Phone: _____		
Cell Phone: _____		

Please list SIBLINGS in the home and their BIRTH DATE:			
Name:	Birth Date:	Name:	Birth Date:
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Who has legal custody of this student: Both Parents Mother Father Guardian Other

Is there any other legal information that the school should be aware of? Yes No ***(If yes, please describe below AND documentation is required.)*** _____

Please list **3** persons in the **local area**, in addition to parents/guardians, to call if parent cannot be reached, or who can transport child home for medical help in an emergency. Your child will be **RELEASED ONLY TO PERSONS ON THIS LIST.**

Responsible Person:	Relationship:	Address:	Phone:
#1 _____	_____	_____	_____
#2 _____	_____	_____	_____
#3 _____	_____	_____	_____

Child's known allergies including medical allergies and/or chronic illnesses: _____

Medication taken on a regular basis (even if only taken at home): _____

Parent/Guardian Signature: _____ Date: _____