



BOK EMERGENCY INFORMATION CARD 2020-2021

Student ID # _____

- Bus # _____ Car rider
 Walker Court order on file

Teacher _____

Grade/Room _____

Student _____
 Last First Middle

Birth Date _____
 Month/Day/Year

Address _____
 Street City Zip

Home Phone _____

Mailing Address (if different) _____
 Street/P.O. Box

City Zip

E-mail (optional) _____

	MOTHER	FATHER	OTHER
Name	_____	_____	_____
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
Work Phone	_____	_____	_____
Occupation	_____	_____	_____
Address (<i>Work</i>)	_____	_____	_____
	Lives With? Yes ___ No ___	Lives With? Yes ___ No ___	Lives With? Yes ___ No ___
	OK to Pick Up? Yes ___ No ___	OK to Pick Up? Yes ___ No ___	OK to Pick Up? Yes ___ No ___
	OK to Contact? Yes ___ No ___	OK to Contact? Yes ___ No ___	OK to Contact? Yes ___ No ___

Please provide the information below for the responsible adults to contact if parents cannot be reached.

Name	Home Phone	Work Phone	Cell Phone	Relationship
1.				
2.				
3.				
4.				

Brother(s)/Sister(s) also attending this school:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

PARENTAL CONSENT

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults listed above. In the event the adults listed above cannot be reached, the school may make whatever arrangements are necessary to provide care and treatment for my child. When necessary, and in the event that I or any adult listed above cannot be reached, school personnel have my permission to request transport of my child to the nearest emergency room. Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for any emergency medical services fees.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school; I request the school to contact me to arrange transportation for my child. If the school is unable to contact me, I understand that one of the adults listed above will be contacted and requested to arrange transportation/care for my child until I can be reached.

I understand that it is my responsibility to notify my child's school of any changes in the information recorded on this card and to provide the school with information if there are any custody restrictions involving my child.

I certify that the information provided on this Emergency Information Card is accurate, true and correct.

Date: _____ Parent/Guardian Signature: _____

