

FRONT OF CARD

EMERGENCY PROCEDURE—LOCATOR CARD
(USE PENCIL ONLY)

NAME OF PUPIL _____ GRADE _____ ROOM _____
BIRTHDATE _____
PHONE _____
RT# _____ BOX# _____
SPECIFIC LOCATION OR STREET ADDRESS _____

FATHER'S NAME (OR GUARDIAN) _____ BUSINESS PHONE _____

MOTHER'S NAME (OR GUARDIAN) _____ BUSINESS PHONE _____

PERSON TO CALL IF PARENT CANNOT BE REACHED PHONE _____
CIRCLE: FRIEND — SITTER — RELATIVE — OTHER

NAME & ADDRESS OF SITTER _____ PHONE _____

BACK OF CARD

NAME OF FAMILY DOCTOR _____ PHONE _____

IF YOUR CHILD IS SERIOUSLY ILL OR INJURED AND YOU CANNOT BE REACHED,
MAY HE/SHE BE TAKEN TO YOUR DOCTOR? YES NO

MAY HE/SHE BE TAKEN TO THE NEAREST HOSPITAL? YES NO

MAY AN AMBULANCE BE CALLED, IF NECESSARY? YES NO

SIGNATURE OF FATHER _____ SIGNATURE OF MOTHER _____

DATE _____