

HOPKINTON PUBLIC SCHOOLS

**SCHOOL OFFICE EMERGENCY CARD**

Dear Parent/Guardian:

Please complete the reverse of this card and return promptly to your child's school. This information is essential should there be a need to dismiss your child from school.

Please return health information about your child on the separate form provided that is titled *Nurse's Health Information Form*.

Should changes in emergency information occur, please provide updates and changes to the school office immediately.

Thank you.

Student's Name: \_\_\_\_\_ Bus #: \_\_\_\_\_ Room#: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Health Concerns: \_\_\_\_\_ also see Nurse's Form

Street Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ e-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ e-mail: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ e-mail: \_\_\_\_\_

In case of illness, accident or need for emergency dismissal when parent/guardian cannot be reached, contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of early dismissal from school, I have instructed my child to go to:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Indicate any additional dismissal information that the school may need:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_