

Gilpin County School District—Student Emergency Information Card

Student Last Name: _____ First Name: _____ Grade: _____

Father's Name: _____ Mother's Name _____

Home Street Address: _____ City/State _____ Zip _____

Mailing Address: _____ City/State _____ Zip _____

Home Phone: _____

Father's cell phone: _____ Father's email address: _____

Father's place of employment: _____ Father's work phone: _____

Mother's cell phone: _____ Mother's email address: _____

Mother's place of employment: _____ Mother's work phone: _____

(turn over for additional information required)

In Case of Emergency, where neither parents or guardians can be reached, please call:

Name: _____ Address: _____ Ph # _____

Or contact our family physician: _____ Ph # _____

Please state any medications or conditions that may affect your child's activities at school: _____
_____.

In the event neither one of the persons listed above can be reached, the principal, teacher, or nurse's aide has our permission to use his/her discretion in securing medical aid in an emergency. **Any and all expenses incurred must be paid by the parent/legal guardian.** The school district personnel responsible for obtaining medical aid will not be responsible for any expenses incurred. Do you give your permission for the school to arrange transportation for your child to proper medical treatment? ___ YES ___ NO

Siblings at GCSD : _____ (Grade) _____
_____ (Grade) _____
_____ (Grade) _____

Signature of Parent/Guardian: _____ **Date:** _____