

Student Class Emergency Card Information
Miss Gurganus's Class
2011-2012 school year

Student name: _____

Class hour: _____

Home phone number: _____ (if you have one)

Mom or guardian's name: _____

Day phone number: _____

Dad or guardian's name: _____

Day phone number: _____

I live with _____

Do you need/want a seat in the front? Yes No (Circle one)

Do you wear contact lenses at least once a week? Yes No (Circle one)

List any allergies or medical conditions:

Anything else I should know?

