

Emergency Information Card for 2010/2011

Smyrna Christian School
302.653.2538

(Please Print)

Grade _____

Student's Name _____ Birth Date _____
(last) (first)

Address _____ Home Tel _____

Where can parents be reached if not at home?

Father: _____ Work Tel _____
(name) (Employer Name)

Cell # _____

Email address: _____ Pager # _____

Mother: _____ Work Tel _____
(name) (Employer Name)

Cell # _____

Email address: _____ Pager # _____

List two relatives, neighbors, or friends who will assume temporary care of your child if you cannot be reached:

Name _____ Tel _____

Name _____ Tel _____

List all family members and any other individuals to whom you are permitting SCS to release your child (if applicable).

Indicate any known medical problems/allergies your child experiences.

Signature of Parent or Guardian: _____ Date: _____