EMERGENCY PROCEDURE CARD CASHION JR.-SR. HIGH SCHOOL

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| STUDENT | | | |
|---------------------------------------|---|--|---|
| Last | | First | Middle |
| ADDRESS_ | | | |
| Father's () | Mothers () | Business Ph | Home Ph |
| Cell Ph | | _e-mail address | |
| In case of an acc school has my pe | ident or serious illnes ermission to contact e | s, if I cannot be reached at th ither of the following and pr | he above address or telephone, the ovide medical care as required. |
| | Signature of Parent or Guardian | | |
| Family Doctor | | Phone | |
| Emergency | | | |
| Hospital | | Phone | |
| Nearest Relat | ive or | | |
| Friend | | Phone | |