



Paradise Unified School District
Student Emergency Card

School Year: _____

Teacher: _____

Grade Level: _____

School Name: _____ Home Phone: _____

Student's Legal Name: _____
Last Name First Name Middle Name

Student's Cell Phone: _____

DOB: _____ City & State of Birth: _____ Female Male

Mailing Address: _____
Street/P.O. Box City Zip Code

Residence Address: _____
(if different) House# & Street City Zip Code

1. Parent/Guardian Name: _____ Relationship to Student: _____

Address: _____ Work#: _____ Cell#: _____

2. Parent/Guardian Name: _____ Relationship to Student: _____

Address: _____ Work#: _____ Cell#: _____

Is there a custody agreement regarding this student? No Yes *If yes, please provide documentation.

EMERGENCY INFORMATION IN CASE PARENT/GUARDIAN CANNOT BE REACHED

1. Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

2. Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

3. Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Doctor: _____ Phone: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Entrance Date: _____ Withdrawal Date: _____

Transferred to: _____