

PLAINFIELD PUBLIC SCHOOLS  
PERSONAL EMERGENCY INFORMATION CARD

NAME \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BIRTHDATE: MONTH \_\_\_\_\_ DATE \_\_\_\_\_

**IN CASE OF SERIOUS ILLNESS OR ACCIDENT, PLEASE NOTIFY:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

(IN CASE OF EMERGENCY CALL) RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

(IN CASE OF EMERGENCY CALL) RELATIONSHIP \_\_\_\_\_

SPECIAL MEDICAL CONDITIONS/ALLERGIES \_\_\_\_\_ (OPTIONAL)

PHYSICIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_