Golden City C.D.C.,Inc.

EMERGENCY CARD

STUDENT:_____ **AGE:** _____ **BIRTHDATE:** _____
Last **First**

HOME ADDRESS: _____ **PHONE:** _____

_____

PARENTS NAME: _____ **MOTHER WORK PHONE:** _____

PAGER #: _____ **CAR PHONE:** _____

PARENT NAME: _____ **FATHER WORK PHONE:** _____

PAGER #: _____ **CAR PHONE:** _____

DOCTOR: _____ **PHONE:**_____

WHOM TO NOTIFY IN CASE OF AN EMERGENCY:

1. _____ **NUMBER:** _____ **RELATION:** _____
2. _____ **NUMBER:** _____ **RELATION:** _____
3. _____ **NUMBER:** _____ **RELATION:** _____

GRADE: _____ **ROOM #:** _____