



Emergency Card

Child's Name	Birth date	Grade
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Address (Street)	City	Zip Code
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Parent/Guardian Information

Mother Name	Home Phone	Work Phone	Cell Phone
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Mother's Address

Father Name	Home Phone	Work Phone	Cell Phone
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Father's Address

Tesseract School Emergency Policy

In the event of serious illness or injury occurring within the jurisdiction of Tesseract School **the school will first attempt to reach you** and/or your physician. If she/he is unavailable, a school official will make arrangements with a physician, hospital or emergency room for immediate care. **I give permission to TESSERACT SCHOOL to act in my behalf to make whatever emergency measures** (such as first aid, disaster and evacuation) as are judged necessary for the care and protection of my child while under the supervision of the school.

IN THE EVENT OF EMERGENCY/INJURY WHEN PARENTS ARE NOT AVAILABLE, PLEASE NOTIFY:

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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In addition to the people listed above, the following people have my permission to pick up my child: (photo ID will be required)

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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By signing this form, ALL people listed above will also have permission to pick up my child from school (photo ID will be required).

Parent/Guardian Signature _____

Date _____