

Mt. Pleasant Elementary School District  
**2011-2012 CLASSROOM EVACUATION CARD**

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_  
 School Teacher Room No.

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name (Last) (First) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name (Last) (First) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

LIST THREE ADDITIONAL PERSONS TO WHOM YOUR CHILD MAY BE RELEASED IN CASE OF EMERGENCY OR DISASTER:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

|                          |
|--------------------------|
| Health Concerns:<br><br> |
|--------------------------|

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

At all times, however, the school staff is authorized to take any measures necessary for the safety and protection of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT **2011-2012 OFFICE EMERGENCY CARD**

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_  
 Teacher Room No.

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Email Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

|                          |
|--------------------------|
| Health Concerns:<br><br> |
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Mother/Guardian Name (Last) (First) \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Name (Last) (First) \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Living with: \_\_\_ Mother \_\_\_ Father \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Other \_\_\_\_\_

Is this a new address or telephone number? \_\_\_ Yes \_\_\_ No Custody Court orders on file \_\_\_ Yes \_\_\_ No

IF YOU CANNOT BE REACHED, LIST THREE PERSONS TO WHOM YOUR CHILD MAY BE RELEASED IN CASE OF EMERGENCY OR DISASTER

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Child's Brother(s) & Sister(s) and ages  
 \_\_\_\_\_  
 \_\_\_\_\_

**I understand that it is my responsibility to furnish the school with new phone numbers and change of address information within 72 hours of the change. Additionally, I will inform the school attendance office when my child is absent or is checking out of school on a daily basis.**

I authorize the school to obtain medical care for my child in an emergency. [ ] Yes [ ] No

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_