

**Mt. Pleasant Elementary School District
2017-2018 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:

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

2017-2018 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:

Mother/Guardian Name (Last) (First) _____ Occupation _____ Employer _____ Home phone _____ Work Phone _____ Cell Phone _____

Father/Guardian Name (Last) (First) _____ Occupation _____ Employer _____ Home Phone _____ 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.

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

Signature of Parent/Guardian _____ Date _____