

# UPrep Mark Murray Campus

## • EMERGENCY CARD •

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Present Address \_\_\_\_\_  
LAST FIRST MIDDLE NUMBER STREET APT/LOT CITY ZIP

Ethnicity -  Yes, Hispanic/Latino  No, not Hispanic/Latino Home Phone# (\_\_\_\_) \_\_\_\_\_  Check if unlisted

Race - Please indicate primary if multi-racial:

Native American/Alaskan Native  Caucasian/White  African American/Black  Asian  Native Hawaiian/Pacific Islander

Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_  Male  Female

### PARENT/GUARDIAN INFORMATION

\_\_\_\_\_  
FIRST AND LAST NAME PLACE OF EMPLOYMENT RELATIONSHIP HOME PHONE WORK PHONE

E-mail address \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
FIRST AND LAST NAME PLACE OF EMPLOYMENT RELATIONSHIP HOME PHONE WORK PHONE

E-mail address \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

### ALL STUDENTS MUST HAVE EMERGENCY CONTACT INFORMATION FURNISHED BY PARENT/GUARDIAN

To whom may child be released?

\_\_\_\_\_  
FIRST AND LAST NAME ADDRESS RELATIONSHIP HOME PHONE WORK PHONE

\_\_\_\_\_  
FIRST AND LAST NAME ADDRESS RELATIONSHIP HOME PHONE WORK PHONE

\_\_\_\_\_  
FIRST AND LAST NAME ADDRESS RELATIONSHIP HOME PHONE WORK PHONE

**MY STUDENT MAY NOT BE CONTACTED BY OR RELEASED TO THE FOLLOWING PERSON(S): (If person named is a natural parent of the student, a court order prohibiting contact must be given to the school).**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name(s) of siblings, if any, attending this \_\_\_\_\_

Name/address of last school attended \_\_\_\_\_ Date Left \_\_\_\_\_

Is a language other than English spoken in the home?  Yes  No Language spoken \_\_\_\_\_

Are there any medical conditions which should be known to the classroom teacher?  Yes  No

If yes, please explain \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

School activities may be videotaped, photographed or recorded and may be used in multimedia, computer network and internet presentations which may disclose the identity of students. *Parent or guardians of students who wish to exclude their children from such images or recordings must notify their building principal in writing.*

*The information on this card is true and accurate. I will notify the school immediately of any changes. I understand fraudulent information is subject to criminal prosecution.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TO BE COMPLETED BY SCHOOL:

