

Wingra School Emergency Card, 238-2525

Child _____ Rm# _____

Address, Zip _____ Home# _____

Parent _____

Address, Zip _____ Home# _____

Day# _____ Cell# _____

Parent _____

Address, Zip _____ Home# _____

Day# _____ Cell# _____

Emergency Backup _____ Day# _____

Emergency Backup _____ Day# _____

Doctor _____ Day# _____

Preferred Hospital _____ Birthdate _____

Allergies of Any Type / Other Medical /Emergency Special Needs, Instructions _____

In event parent can't be reached, permission is granted to proceed with aid recommended by doctor or emergency service:

Parent / Guardian Signature _____ Date _____