

22-23 NLES Student/Family Contact and Emergency Card

****You may fill out one card per family if ALL information on the FRONT of the card pertains to ALL children listed. If not, you must submit individual cards. You can locate more cards on the Elementary website or at the Elementary office.**

Student Name: _____ Grade: _____ Teacher: _____

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Student Name: _____ Grade: _____ Teacher: _____

Home Address: _____
(Street) (City) (State) (Zip)

Main Family Email Address: _____

Child(ren) resides at more than one address and need items mailed to both addresses. In addition, please complete t
 "Multiple Student Address" form and check the box . This is new and is included in the Back to School folder or on our
 NLES website.

Home Phone Number: _____

Mother's Phone Number: _____
(Name) (Cell) (Work)

Father's Phone Number: _____
(Name) (Cell) (Work)

Guardian's Phone Number: _____
(Name) (Cell) (Work)

Emergency Contact & Release of Child: List all individuals in order of preference to be contacted in an emergency. Please DO NOT include parents/guardians as they are always contacted first. Please check whether they are an emergency contact (E.C.) and/or allowed to pick up your child(ren). If you need more room for approved pickup, please attach a separate sheet.

	Name	Phone	Relationship	E.C.	Pickup
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I, _____, accept full responsibility for the information listed on both sides of this card.

Signature

Date

Student's Name: _____

Teacher: _____

Allergies:

Any medical conditions:

Does your child have any of the following:

- Glasses
- Contacts
- EpiPen
- Inhaler
- Medication:

Other: _____

Any other important information:

Student's Name: _____

Teacher: _____

Allergies:

Any medical conditions:

Does your child have any of the following:

- Glasses
- Contacts
- EpiPen
- Inhaler
- Medication:

Other: _____

Any other important information:

Student's Name: _____

Teacher: _____

Allergies:

Any medical conditions:

Does your child have any of the following:

- Glasses
- Contacts
- EpiPen
- Inhaler
- Medication:

Other: _____

Any other important information:

Student's Name: _____

Teacher: _____

Allergies:

Any medical conditions:

Does your child have any of the following:

- Glasses
- Contacts
- EpiPen
- Inhaler
- Medication:

Other: _____

Any other important information:

