

**Re-Education Services  
Pupil Emergency Card**

Classroom Teacher: \_\_\_\_\_ Transportation: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: _____	Cell Phone: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Name of Employer: _____	Work Phone: _____
Email Address: _____	Prefer communication via email: <input type="checkbox"/>

Father's Name: _____	Cell Phone: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Name of Employer: _____	Work Phone: _____
Email Address: _____	Prefer communication via email: <input type="checkbox"/>

If Parents/Guardians are divorced or separated, to whom has physical custody been given? \_\_\_\_\_

(OVER) YOUR SIGNATURE ON REVERSE SIDE IS VERY IMPORTANT

Note: The adults listed below are authorized to pick up and care for the above named student. The student may be released to others with written or verbal authorization.	
1.) Name: _____	Cell Phone: _____
Address: _____	Home Phone: _____
Relationship: _____	Work Phone: _____
2.) Name: _____	Cell Phone: _____
Address: _____	Home Phone: _____
Relationship: _____	Work Phone: _____
3.) Name: _____	Cell Phone: _____
Address: _____	Home Phone: _____
Relationship: _____	Work Phone: _____

Signature below indicates that I am the parent/guardian of this student as designated in O.R.C. 3313.64 which states: parent means either parent, unless parents are separated or divorced, in which case "parent" means the parent with legal custody of the child. If neither parent has legal custody of the child "parent" means the person or government agency with legal custody.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_