



# FFF Emergency Information Card

Family Name: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_  
Mother Father Guardian (if Applicable)

Address \_\_\_\_\_  
Street City State Zip

Phones: \_\_\_\_\_  
Mother: Home Cell Work Father: Home Cell Work

Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell Work

Address \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Cell Work

Address \_\_\_\_\_  
Street City State Zip

**Health information** which FFF should know about each student, including any medical information, and wishes for handling any physical/medical emergency:

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

In the case of accident or serious illness, I request the FFF to contact me. If the FFF is unable to reach me, I hereby authorize the FFF to call the physician indicated below and to follow their instructions. If it is impossible to contact this physician, the FFF may follow my instructions above or make whatever arrangements seems necessary.

\_\_\_\_\_  
Signature or Parent or Guardian Date

Local of Physician: \_\_\_\_\_  
Name Phone: Office Emergency

Emergency Center/Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_