SCUSD Early Learning & Care Department
Complete All Information on Both Sides

EMERGENCY CARD
CONFIDENTIAL

Student Information
Please Print

School Year | School Site/Room #

Student's Last Name (Legal) | First Name | Middle | Date of Birth

Street Address | Apt # | City & Zip Code | LANGUAGE SPOKEN AT HOME

Parent/Guardian 1 Name | Cell Phone | Other Phone

Address | Relationship | Driver's Lic # | Email

Name & Address of Employment | Work Phone

Parent/Guardian 2 Name | Cell Phone | Other Phone

Address | Relationship | Driver's Lic # | Email

Name & Address of Employment | Work Phone

CONTINUED ON REVERSE SIDE