

**PVSD Youth Arts Academy
Student Emergency Card
Information
2022- 2023**

Students Name _____

Home Address _____

Father/Guardian
 Name: _____ Home _____
 Address _____ Cell _____
 _____ Work # _____
 ___ Father ___ Stepfather ___ Guardian Father's E-mail Address _____

Mother/Guardian
 Name: _____ Home _____
 Address _____ Cell _____
 _____ Work # _____
 ___ Mother ___ Stepmother ___ Guardian Mother's E-mail Address _____

In the event of illness, medical emergency or disaster and parent/guardian cannot be reached, a school official may call the following **local stepparent, friends, relatives, or adult siblings** (18 or over) who are authorized to take responsibility for student's care: **(For DISASTER release, please include the names of local authorized neighbors, carpool drivers (vans, buses or day care) who routinely pick up your child.)**

Illness / Emergency / Disaster Release

1. Name: _____ Relationship _____ Phone/cell #: _____
 2. Name: _____ Relationship _____ Phone/cell #: _____
 3. Name: _____ Relationship _____ Phone/cell #: _____
 4. Name: _____ Relationship _____ Phone/cell #: _____

On occasion, refreshments for students may be provided. Permission is needed before we can offer refreshments to your child.
 My child has permission to accept refreshments provided during class. Please list any allergies below.

My child has allergies:
 Yes
 No
 If yes, please explain: _____

MY SIGNATURE ACKNOWLEDGES ALL THE ABOVE

Signature of Parent/Guardian _____ Date _____

