

**MDS STUDENT EMERGENCY GREEN CARD INFO
2020-2021**

PLEASE INDICATE WHICH SERVICE YOUR CHILD WILL BE ASSIGNED TO:

	My child will be arriving and departing daily in the carpool line.
	My child will be arriving and departing in the TPSS Bus Line. Bus# _____ AM RIDER PM RIDER
	My child is to go directly to the AFTERCARE program at 2:40 p.m.

EMERGENCY CONTACT PHONE NUMBERS (Please Print)

Home Phone #: _____

Father's Name: _____

Father's Work #: _____

Father's Cell #: _____

Mother's Name: _____

Mother's Work #: _____

Mother's Cell #: _____

1st Alternate's Name: _____

1st Alternate's Relationship to Student: _____

1st Alternate's Contact #: _____

2nd Alternate's Name: _____

2nd Alternate's Relationship to Student: _____

2nd Alternate's Contact #: _____

Student's Physician's Name: _____

Physician's Phone #: _____

PLEASE NAME ANY & ALL ALLERGIES OF STUDENT:
