BERNALILLO PUBLIC SCHOOLS STUDENT EMERGENCY PROCEDURE CARD

TRANSPORTATION DEPARTMENT

Name: _____ Grade:_____ Date of Birth: _____ Bus #:_____

Street address_____School_____

Parent/Guardian (Father)_____(Mother)_____

Pick up Address _____Zip:_____ Phone number(s):_____

Drop off Address _____Zip_____Language_____

Father's Work Phone _____Mother's Work Phone_____

In case of emergency, illness or accident the school is authorized to proceed as indicated below:

Notify:_____Relationship:_____Phone:_____

Notify:_____Relationship:_____Phone:_____

Emergency Facility Preference:_____ Physician's Name:_____
It is understood, further, that I will pay for ANY Emergency Transportation & for ANY Subsequent Care, unless the costs are otherwise observed by insurance.

_____   _____

Date   *Signature of Parent or Guardian*