Pillars ACADEMY WEEKEND SCHOOL

EMERGENCY PROCEDURE CARD

Student: _____ Grade : _____
Last Firs t Middle

Address: _____

Phone: _____

No. Brothers and Sisters in This School: _____ Grades : _____

Father's Name: _____ Contact Number: _____

Mother's Name: _____ Contact Number: _____

If Parents Cannot Be Reached, Call: _____
Name

Contact Number : _____

Allergies/Health Concerns: _____
_____

Doctor's Name: _____ Phone: _____