

EMERGENCY ASSISTANCE CARD

Vehicle Number: _____

Driver: _____

Date: _____

School District:

Address:

Our vehicle has been involved in an accident. Please call **9-1-1** and phone one of the following emergency phone numbers:

Person(s) to be called:

Phone Number(s):

1. _____

2. _____

3. _____

Type of Emergency:

- Breakdown
- Accident
- Injured/Sick Passenger(s)
- Out of Fuel
- Flat Tire
- Other

Please specify:

Location (*Be precise; include landmark, directions*):