

EMERGENCY INFORMATION

Child's Name: _____ Date of Birth: _____

Home Phone: _____ email: _____

Father's Employer: _____

Phone: _____ Cell: _____

Business Address: _____

Mother's Employer: _____

Phone: _____ Cell: _____

Business Address: _____

Please provide alternate contacts when parents cannot be reached in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The following persons are authorized to pick-up my/our child from school:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please list any allergies: _____

Reaction: _____

Medication / Treatment: _____

Please list any health conditions: _____

Medication / Treatment: _____

Parent Signature: _____ Date: _____