Teacher/Rm. #_____

(for office use only)

Emergency Form

Child's Name: _____ Current Grade: _____

Last, First

Home Address: _____

Parent's Information:

Mom's Name:_____ Dad's Name:_____

Cell Phone: _____ Cell Phone: _____

Work Phone #: _____ Work Phone #: _____

Email: _____ Email: _____

Alternate Emergency Contact:

1. _____ _____ _____

Name *Phone #* *Relationship*

2. _____ _____ _____

Name *Phone #* *Relationship*

Medical Information

Physician's Name: _____ Phone: _____

Health Insurance Co: _____ Policy #:_____

Please note any medical conditions you child had/has (include current medication taking and/ or allergies.

_____

_____

Pick Up Information

Please check one:

___ My child will be picked up at the cafeteria parking lot @ 12:00.

___ My child will be attending _____

(please indicate afternoon program your child will be attending)

Authorized Person(s) to pick up my child (other than parents)

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____

_____ _____

Signature of Parent or Guardian Date