

## 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 your child had/has (include current medication taking and/ or allergies.)

\_\_\_\_\_  
\_\_\_\_\_

### Afternoon Pick up

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