

Emergency Information

Name of child _____ Date of Birth _____
Address _____ Zip _____ Phone _____

Mother _____ **Cell#** _____
Home Address _____ Home Phone _____
Employment _____ Phone _____
Address _____ Hours _____
Email address _____

Father _____ **Cell#** _____
Home Address _____ Home Phone _____
Employment _____ Phone _____
Address _____ Hours _____
Email address _____

Persons authorized to pick up child:

Name _____ Relationship to child _____
Name _____ Relationship to child _____

(Under no circumstances will child be released to anyone other than those authorized by parents or guardians).

Persons, (other than parents) to be called in case of emergency, and who have permission to take child from school in an emergency or sickness:

(Be sure to include someone who will usually know your whereabouts.)

Name _____ Home Phone _____ Cell _____
Address _____ Relationship to child _____

Name _____ Home Phone _____ Cell _____
Address _____ Relationship to child _____

Child's Physician _____ Phone _____
Emergency hospital preference _____
Child's Dentist _____ Phone _____

Name and relationship of person who filled out this form

Date _____

Signature of parent or guardian
