



Child's Last Name _____

Child's First Name _____

EMERGENCY CONTACT/MEDICAL INFORMATION 2011-2012

Child's Name: _____ Birth Date: _____ Teacher: _____

Address: _____

Home Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone _____

Father's E-mail address: _____

Father's address (if different from child's): _____

Mother's Name: _____ Work Phone: _____ Cell Phone _____

Mother's E-mail address: _____

Mother's address (if different from child's): _____

Allergies: _____

Medical Conditions or Disabilities Information Needed for Emergency Situations: _____

Please indicate calling order preference during school hours:

___ Home ___ Mother's work ___ Father's work

___ Mother's cell ___ Father's cell ___ Other: _____

Emergency Contacts (to whom child may be released if legal guardian is not available)

Please note that an Emergency Contact must be able to pick up your child within a half hour of being contacted.

1. Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Turn Over

Child's Name: _____

Carpool/Pick-Up Information: (those who will routinely pick up child)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I give permission to use the following creams on my child: ___Neosporin ___Bacitracin ___ First Aid Cream

Insurance Plan Name: _____ ID/Group # _____

Subscriber's Name (on Insurance card) _____

Physician's Name: _____

Address: _____

Phone: _____

Dentist's Name: _____

Address: _____

Phone: _____

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and if necessary, be transported by 911 ambulance to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every six (6) months.

Parent/Legal Guardian's Signature: _____ Date: _____

Witnessed by: _____ Date: _____