



Child's Last Name _____

Child's First Name _____

**EMERGENCY CONTACT/MEDICAL INFORMATION
2016-2017**

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 #:** _____

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:** _____