EMERGENCY FORM

CHILD'S NAME_____AGE_____SEX____

ADDRESS_____DOB_____
_____

SIBLINGS AND AGES_____
_____
_____

PARENTS NAMES_____
_____
EMPLOYMENT AND WORK NUMBER_____
* _____
* _____
HOME PHONE *_____
CELL PHONE *_____
EMERGENCY CONTACT NAME/S AND PHONE
_____
_____
_____

*DESCRIBE ANY PHYSICAL LIMITATIONS, MEDICATIONS. OR ALLERGIES:
_____

*IN THE EVENT OF SERIOUS INJURY, MY CHILD MAY BE TAKEN TO THE HOSPITAL: YES:_____NO____
WHICH HOSPITAL?_____

**EMERGENCY LATE PICK-UP AUTHORIZATION:

In the event that no one arrives at dismissal time to pick-up your child, and the parents cannot be reached, we authorize the school to call the above emergency contact persons to be notified to pick-up the child, and provide subsequent supervision for the child.

PARENT SIGNATURE:_____DATE:_____