

CHILD'S NAME: _____

ADDRESS: _____

PARENT 1 NAME: _____

EMAIL: _____

CELL: _____ WORK: _____

PARENT 2 NAME: _____

EMAIL: _____

CELL: _____ WORK: _____

Other persons responsible for child to be notified in case of an emergency in the event parents cannot be reached.

1. NAME: _____

PHONE: _____ RELATION: _____

2. NAME: _____

PHONE: _____ RELATION: _____

1. NAME: _____

PHONE: _____ RELATION: _____

CHILD'S AGE: ____ D.O.B ____/____/____ GENDER: ____

ALLERGIES (food, medical other): _____

CHILD'S DOCTOR: _____

DOCTOR'S PHONE: _____

HOSPITAL PREFERENCE: _____

If the above doctor cannot be reached or persons responsible for child cannot be reached, will our school arrangements for emergency treatment and transportation be acceptable to you?

YES: ____ NO: ____ If no, please explain:

PERSONS WHO MAY PICK UP YOUR CHILD FROM SCHOOL:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME OF PERSONS WHO **MAY NOT** PICK UP YOUR CHILD FROM SCHOOL (if applicable):

PARENT'S SIGNATURE: _____