

EMERGENCY INFORMATION

CHILD'S NAME: _____ DATE OF BIRTH _____

PARENTS: _____

ADDRESS _____

HOME PHONE _____ EMAIL _____

Mom: Employer: _____ **Phone:** _____ **Ext. #** _____

Business Address : _____

Cell phone or pager: _____

Dad: Employer: _____ **Phone:** _____ **Ext. #** _____

Business Address: _____

Cell phone or pager: _____

PLEASE PROVIDE ALTERNATE CONTACTS WHEN PARENTS CANNOT BE REACHED IN AN EMERGENCY:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK-UP MY/OUR CHILD FROM SCHOOL:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE LIST ANY ALLERGIES: _____

Reaction: _____

Medication / Treatment _____

PLEASE LIST ANY HEALTH CONDITIONS: _____

Medication / Treatment _____

_____ Yes, my child is a vegetarian

_____ No my child is not a vegetarian

_____ Yes, other food **restrictions** (i.e. dairy, eggs....)

Describe in detail _____

PARENT SIGNATURE: _____

DATE: _____