

EMERGENCY INFORMATION

| CHILD DETAILS | | | | | |
|-------------------------|--|----------------|--|---------------|--|
| Last Name | | First Name | | Middle Name | |
| Date of Birth | | Gender (M/F) | | Age | |
| Precautions (Allergies) | | | | | |
| MOTHER'S DETAILS | | | | | |
| Full Name: | | | | | |
| Occupation: | | Email address: | | | |
| Employer's Name | | Work Address: | | | |
| Home Address: | | | | | |
| Home Phone #: | | Work Phone #: | | Cell Phone #: | |
| FATHER'S DETAILS | | | | | |
| Full Name: | | | | | |
| Occupation: | | Email address: | | | |
| Employer's Name | | Work Address: | | | |
| Home Address: | | | | | |
| Home Phone #: | | Work Phone #: | | Cell Phone #: | |

EMERGENCY CARE INFORMATION (List someone other than the parents)

| | | |
|--------------------|---------------|------------------|
| Name: | Relationship: | Telephone: |
| Address: | | |
| | | |
| Name: | Relationship: | Telephone: |
| Address: | City/Zipcode: | |
| | | |
| Doctor's name: | Telephone: | |
| Address: | City/Zipcode: | |
| Insurance Carrier: | Insurance #: | Insurance Tel. # |

| | |
|--|-------|
| I understand that the school does not assume responsibility for payment of a physician. However, in an emergency we may choose a physician. The students insurance will be used in case of an accident | |
| Parent's Signature: | Date: |