

EMERGENCY INFORMATION 2017 - 2018

(For illness, injury, or emergency evacuation)

Child's Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Parent Contact Information

Mother's Name: _____

Father's Name: _____

Home Phone: _____

Home Phone: _____

Employer Name: _____

Employer Name: _____

Employer Address: _____

Employer Address: _____

Work Phone: _____

Work Phone: _____

Work Hours: _____

Work Hours: _____

Cell Phone: _____

Cell Phone: _____

May we text this number? Yes No

May we text this number? Yes No

Child's Medical Care Information

Child's Doctor: _____ Phone: _____

Address: _____ City: _____

Hospital preference when possible: _____

In an emergency, please be aware of the following allergy or health condition for our child.

Food Allergy: _____

Drug/Other Allergy: _____

Special Health Condition: _____

Medications required: _____