



EMERGENCY CONTACT INFORMATION:

Today's date: _____

Child's name: _____ Date of Birth: _____

Parent/Guardian home phone: _____

Cell phones: _____ Work phone: _____

IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Student's Physician: _____ Dentist: _____

Allergies or other medical conditions: (Please explain)