



*EMERGENCY CONTACT INFORMATION 2015-2016*

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Emergency Contact Persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

**Health Contacts**

Physician: \_\_\_\_\_ Office Number: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Medical conditions: Heart problems: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Asthma: \_\_\_\_\_ Other: \_\_\_\_\_

**Authorized Persons to Pick-Up (We only dismiss students to people designated on this form. As arrangements change, please send written notes of daily plans.)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_