



2024-25 Kinderprep Emergency Form

Child's First and Last Name:

Birthdate:

Parent/Guardian Name:

Phone Number:

Parent/Guardian Name:

Phone Number:

Email:

Address:

City:

State:

Zip Code:

Allergies: **Yes / No**

Medications: **Yes / No**

If so, please list:

Doctor's Name:

Phone Number:

In case of an emergency, please list names and numbers of persons we can contact, OTHER than listed above:

Name:

Phone Number:

Relation:

Authorized to pick up **Y / N**

Name:

Phone Number:

Relation:

Authorized to pick up **Y / N**

Child Pick Up: Who will typically pick-up your child?

Parent/Guardian Signature:

Date: