

NAME _____
Last First

DATE OF BIRTH _____ TEACHER _____ AM
PM
COUNTRY OF BIRTH _____

**PLEASE PLACE PHOTO
OF CHILD'S FACE HERE**

EMERGENCY NAME

Name: _____

Home Phone: _____

Cell: _____

Name: _____

Home Phone: _____

Cell: _____

Doctor: _____

Phone: _____

ALLERGIES: _____

Medications prescribed: _____

HOME ADDRESS _____

Mom's name: _____

Mom's home #: _____

Mom's work #: _____

Mom's cell #: _____

Mom's e-mail address: _____

Dad's name: _____

Dad's home #: _____

Dad's work #: _____

Dad's cell #: _____

Dad's e-mail address: _____

Who else can pick me up?

Name: _____

Phone: _____

Name: _____

Phone: _____

Parent signature: _____

LIFE THREATENING EMERGENCIES:

- A call to 911 will be made
- Child will be transported by ambulance or police to local hospital, accompanied by a teacher
- Parent(s) will be contacted