Emergency Information
2011-2012

Child's Name _____
(first) (last)

Date of Birth: _____
month/date/year

Mother's Name: _____
(first) (last)

Father's Name: _____
(first) (last)

Child's Home address: _____
street/city/zip

Home phone: _____

Mother's work phone: _____ cell phone _____

Mother's email address:_____

Father's work phone: _____ cell phone _____

Father's email address:_____

Physician's Name. _____phone _____

Preferred hospital in case of emergency _____

Allergies or other medical information we need to know:

PLEASE RETURN THIS FORM TO SCHOOL BY THE 1ST DAY OF SCHOOL ALONG WITH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD.

*** please note that all information should be easily read***

Teacher/Office 8/1/11