

Identification and Emergency Information

Child's Name:

Birth Date:

Home Address:

Phone:

Father's Name:

Cell Phone/Pager:

Work Phone:

Occupation:

Work Address:

Mother's Name:

Cell Phone/Pager:

Work Phone:

Occupation:

Work Address:

Mother's/Father's Home Address (if different from above)

In the event that I cannot be reached, I hereby give my consent for the physician, dentist, and/or hospital designated below to provide emergency care for my child should serious illness or accident occur at school.

Physician:

Address:

Phone:

Dentist:

Address:

Phone:

Hospital:

Address:

Phone:

Signature of parent or guardian:

Date:

Local persons to be called in an emergency

1. Address: Phone:

2. Address: Phone:

3. Address: Phone:

Out of State Contact (Name & Phone Number):

Name, phone number and relationship of Persons Authorized to take child from the facility:

1.

2.

3.

4.

TO BE COMPLETED BY OFFICE ONLY

Date of Admission:

Date Left: