

## EMERGENCY INFORMATION

\_\_\_\_\_  
LAST NAME OF CHILD                      FIRST NAME                      GRADE                      DATE OF BIRTH

\_\_\_\_\_  
ADDRESS                      TELEPHONE                      HOME FAX #

\_\_\_\_\_  
Fathers's Name                      Daytime Address                      Daytime Phone                      Cell                      Fax

\_\_\_\_\_  
Mother's Name                      Daytime Address                      Daytime Phone                      Cell                      Fax

\_\_\_\_\_  
Specify other numbers: 2<sup>nd</sup> cell number, nanny, etc..                      E-mails

In the event of apparent serious illness or accident when a parent/guardian cannot be reached one of the following has been authorized to act, and has been informed that they are listed. **Please do NOT list mother or father in spaces below; it must be someone NEARBY who can be reached quickly.**

1.     \_\_\_\_\_  
      Name                      Address                      Telephone                      work #                      cell #

2.     \_\_\_\_\_  
      Name                      Address                      Telephone                      work #                      cell #

Under the conditions outlined in the registration information, this child may receive acetaminophen.

Yes \_\_\_\_\_ No \_\_\_\_\_ **(Please check one.)**

Please list any medications which child takes on a regular basis.

\_\_\_\_\_  
Please list any allergies child has.

In case of a minor injury, first aid may be administered by a person qualified to render such service.

In case of an accident, a Family Doctor or Dentist may be contacted. Yes \_\_\_\_\_ No \_\_\_\_\_

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

The two families designated to pick up this child in case of disaster, as explained in the Emergency Preparedness Plan, are:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Work/Cell # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Work/Cell # \_\_\_\_\_

Address \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

Please list any regularly scheduled activities where a parent could be reached in case of emergency.

Days, times and phone numbers should be included. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_