

EMERGENCY CONTACT INFORMATION

Medical Contact:

_____ Physician's Name		_____ Phone	
_____ Street Address	_____ City	_____ State	_____ Zip

Emergency Contact #1: _____
Name Relationship to Child Phone Alternate Number

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In the event that I cannot be contacted, I hereby give authority to any hospital or doctor to render immediate aid as required at the time for my child's health and safety. I understand I am responsible for this expense.

Parents(s)/Guardian(s) Signature Date

ADDITIONAL HISTORY / IMPORTANT INFORMATION

Is there more than one religion observed in your home? Yes No

Does your child have any allergies? Yes No

If yes, please list all allergies: _____

Does your child have asthma or respiratory condition? Yes No

If yes, please explain: _____

Is your child on regular medication? Yes No

If yes, please list what kind: _____

So that we might provide the best learning environment for your child, please share any of your child's emotional, behavioral, physical or learning needs of which we should be aware:

Is your child in any special class for any reason? Yes No

If yes, please explain: _____

In the case of a divorce, to which parent should school information be sent? _____

Is there anything else that we should know about your child? _____

Are there any other contacts you wish us to have? _____
