

NAMES & AGES OF OTHER CHILDREN IN THE HOUSEHOLD

CHILD'S PHYSICIAN _____

ADDRESS _____

TELEPHONE _____

LOCAL PHYSICIAN YOU WOULD PREFER IN AN EMERGENCY

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

SIGNATURE (PARENT/GUARDIAN) _____

LIST THREE INDIVIDUALS WHO WILL BE PICKING UP YOUR CHILD, OTHER THAN PARENTS. ALSO WHO CAN BE EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED.

1. NAME _____

ADDRESS _____

TELEPHONE () _____

2. NAME _____

ADDRESS _____

TELEPHONE () _____

3. NAME _____

ADDRESS _____

TELEPHONE () _____

IF BOTH PARENTS WORK, WHO IS THE CHILD'S REGULAR BABYSITTER?

NAME _____

ADDRESS _____

TELEPHONE () _____

HEALTH PROBLEM/ALLERGIES _____
