



EMERGENCY INFORMATION

Child's Name _____ Date of Birth _____

Home Phone _____ Emergency Phone _____

Home Address _____

Guardian name (1) _____ Date of Birth _____

Guardian name (2) _____ Date of Birth _____

Phone number (s) Main _____ Cell _____

Work _____ Other _____

SS #, DL #, or State ID # _____

Please List persons authorized to pick children from school.

1. _____ 2. _____

3. _____ 4. _____

I hereby grant permission for the director or supervisory staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following (a) Call another physician or paramedic, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member

Parent/Guardian _____ Date _____