

EMERGENCY CONTACT INFORMATION FORM 2016-2017

Child's Name _____ Entering Class _____ Date of Birth _____

EMERGENCY CONTACT INFORMATION

It is vital that the school have current emergency contact information on this form at all times. Parents are responsible for notifying the school immediately of any changes made in the course of the school year to the information submitted below.

There is new contact information, please update my records.

Mother or Primary Parent 1

Name _____

Address _____

Cell Phone _____ Other Phone _____

Email _____

Father or Primary Parent 2

Name _____

Address _____

Cell Phone _____ Other Phone _____

Email _____

Back-Up Contact Person

Name _____

Relationship to Child _____

Phone numbers to try _____

MEDICAL CONTACT INFORMATION FORM 2016-2017

Child's Name _____ Entering Class _____ Date of Birth _____

PARENTAL AUTHORIZATION

In case of serious accident or illness, I request that the school try to contact me. In the event that I cannot be reached, I hereby give permission to school personnel to act on my behalf to get my child to the emergency room and authorize administration of any treatment deemed necessary.

Parent Signature _____ Date _____

Child's Medical Information

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Severe Allergies _____ EPI Pen required*?

**Parents must provide the EPI Pen and specific instructions to teacher.*

Mild Allergies or Sensitivities _____

Special Diet Needs, Requirements, or Restrictions _____

Medications (include schedule & dosage)

Date of last tetanus shot _____

Medical Insurance Provider _____ Group # _____

Medical Insurance ID # _____ Plan # _____