



## EMERGENCY CONTACT FORM

**Allergy Information:** \_\_\_\_\_

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

**Medical Contact Info:**

Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Who should be notified if we are unable to reach parents, legal guardians, or the family physician?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of serious accident or illness at school, the teacher/director will send your child to \_\_\_\_\_ Hospital if emergency medical care is required. The legal responsibility for ambulance conveyance expenses and medical expenses incurred on behalf of your child is that of the parent or legal guardian. Please list any special requests you wish to make to help us aid your child in case of an emergency.

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_