

In case of an emergency and I cannot be reached, please contact the following people.

1. _____ Phone(____) _____ Cell(____) _____

2. _____ Phone(____) _____ Cell(____) _____

3. _____ Phone(____) _____ Cell(____) _____

Child's Physician _____

Physician's Address _____

Physician's Phone(____) _____

Health Insurance Company _____

Policy Number _____

Name of the person who is the Primary Insured _____

In case of an in town emergency, what is your hospital preference? _____

List any of your child's known allergies _____

List any of your child's known medication allergies _____

List any medications your child takes routinely or on a consistent basis _____

List any physical or medical conditions the school or an emergency physician should be aware of _____

Dated this _____ day of _____, 20_____.

Parent/Guardian Signature(s) _____

(Must be signed in the presence of a Notary)

Notary Public _____

Seal

State of _____ County of _____

My commission expires _____