



IMPORTANT PHONE NUMBERS

EMERGENCY CALL 911

PEDIATRICIAN: ADDRESS: PHONE: () -	POISON CONTROL CENTER: PHONE: () -
DENTIST: ADDRESS: PHONE: () -	HOSPITAL: ADDRESS: PHONE: () -
FATHER: EMPLOYER NAME: EMPLOYER ADDRESS: MOBILE: () - OFFICE PHONE: () - EMAIL ADDRESS:	MOTHER: EMPLOYER NAME: EMPLOYER ADDRESS: MOBILE: () - OFFICE PHONE: () - EMAIL ADDRESS:
ALTERNATE CONTACT NAME: PHONE: () - RELATIONSHIP:	ALTERNATE CONTACT NAME: PHONE: () - RELATIONSHIP:
SCHOOL NAME: GRADE/TEACHER NAME: SICK LINE: () - MAIN LINE: () -	EMERGENCY/EVACUATON MEET UP INSTRUCTIONS:

 In an emergency, when all phone circuits are busy, text messaging may still be operable.



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CHILD'S PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Sex: _____ Social Security #: _____
Hair: _____ Eyes: _____
Allergies: _____
Medical Conditions/Medication: _____

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MEDICAL INSURANCE INFORMATION

Name of Insured: _____ Employer: _____
Ins. Company: _____
Member No.: _____
Insured/Employee ID: _____
Group #: _____ Confirmation Phone No.: () - _____

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In the case of accident or illness, should my child(ren) _____ become ill during the time that s/he is in the care of _____ (name of caregiver) or suffers an accident of any character, I (we) shall be contacted immediately. In the event that I (we) cannot be contacted immediately, the above named caregiver shall be authorized to secure such medical attention and care as may be necessary from duly licensed medical and dental personnel.

Parent Signature: _____ Date: _____

PLEASE ATTACH A COPY OF INSURANCE AND PRESCRIPTION PLAN IDENTIFICATION CARDS

AUTOMOBILE INSURANCE INFORMATION

Ins. Company: _____ Policy ID: _____
PHONE: () - _____