

EMERGENCY INFORMATION AND STUDENT INFO SHEET

LAST NAME: _____ FIRST NAME: _____

BIRTHDATE: _____ NICKNAME: _____ GENDER: _____

ADDRESS: _____ TELEPHONE: _____

ALLERGIES: _____

PARENT NAME: _____ **OCCUPATION:** _____

BUSINESS ADDRESS: _____ BUSINESS: _____ BUSINESS

PHONE: _____ CELL PHONE#: _____ EMAIL: _____

PARENT NAME: _____ **OCCUPATION:** _____

BUSINESS ADDRESS _____ BUSINESS: _____

PHONE: _____ CELL PHONE#: _____ EMAIL: _____

CARE GIVERS' NAME: _____ PHONE: _____

Siblings and other household members: (please provide ages of siblings)

Parents in our programs who, in case of emergency or for late pickup, are authorized to transport my child.

1. _____ Phone: _____

2. _____ Phone: _____

Another person to be called in case of emergency or for late pickup who is authorized to transport my child.

3. _____ Phone: _____

Relationship: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Medications: _____

Other significant Medical Information: _____

The school **may not** release my child to the following people:

Name _____ Relationship: _____

Name _____ Relationship: _____

Is there anything else you feel we should know to better understand your child?

