

Emergency Information (Please Print)

(IF ANY INFO. CHANGES: PLEASE NOTIFY YOUR TEACHER AND THE OFFICE IMMEDIATELY))

Name_(last)_____ (first)_____ DOB_____

Address_____

Home Phone_____ Teacher_____

Mother's Name_____ Work/Cell_____

Father's Name_____ Work/Cell_____

Third Emergency Contact Name/Number_____

Relationship_____

Pertinent Info. needed in case of emergency (allergies, special instructions)

Doctor Name/Phone Number_____

Please list all persons allowed to pick up your child (include relationship, phone #, and address)

Signature_____ Date_____

Please initial and date each update.