

# 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.