

**CONTACT INFORMATION**  
**Please Print Neatly**

CHILD'S NAME \_\_\_\_\_

GRADE \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_ (M/D/Y)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father: \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In Case of Emergency which number should we contact **first**?

Please check **one**:

Mother                  Father

Please check **one**:

Home                  Work                  Cell

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**KNOWN ALLERGIES OR MEDICAL INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

NAMES OF APPROVED PICK UP PERSONS

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NAMES OF UNAPPROVED PICK UP PERSONS

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I GIVE PERMISSION FOR MY CHILD TO BE TREATED FOR ANY MEDICAL EMERGENCY.

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Parent's Signature

Date

***Please fill out and return form to the school office.***