

**EMERGENCY CONTACT**

**Student Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work#:** \_\_\_\_\_

**Insurance/Medicaid #:** \_\_\_\_\_ **Other:** \_\_\_\_\_

List at least (3) person's name and numbers who are authorized to pick up your child.

(Name)	(Relationship)	(Phone Number)
1) _____		
2) _____		
3) _____		

Does your child have any allergies? \_\_\_\_\_

Is your child on any medications? \_\_\_\_\_

Any other important information, please list below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This sheet must be updated at least every 3 months. Please initial updates:

Date of updates: \_\_\_\_\_

Parent Signature: \_\_\_\_\_