



Emergency Form 2018-2019

Child's Name			
Street	City	Zip	Home Phone Number
Name of Parent #1			Parent #1's Cell Phone
Parent #1's Street	City	Zip	Parent #1's Work Phone Number
Parent #1's Place of Employment:			Parent #1's Work Schedule:
Parent #1's Work Address:			
Parent #1's Email Address:			
Name of Parent #2			Parent #2's Cell Phone
Parent #2's Street	City	Zip	Parent #2's Work Phone Number
Parent #2's Place of Employment:			Parent #2's Work Schedule:
Parent #2's Work Address:			
Parent #2's Email Address:			

EMERGENCY CONTACTS (OTHER THAN PARENTS WHO MAY PICK UP YOUR CHILD)

Name	Relationship to Child:	Phone Number
Address (Street, City, State, Zip Code)		Cell Number
Name	Relationship to Child:	Phone Number
Address (Street, City, State, Zip Code)		Cell Number

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

Doctor/Clinic	Phone Number
Hospital Preference	Phone Number
I understand that in case of an accident or injury to my child, I will be notified immediately. In the event of a medical emergency, my child will be taken to the preferred hospital listed above or the nearest hospital.	
Parent/Legal Guardian Signature	Date