

EMERGENCY CONTACT INFORMATION

Child's Name: _____ **Birthdate:** _____

Emergency Contact #1: _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #3: _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #4: _____ **Relationship to Child:** _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

AUTHORIZED PICK UPS

- | | | |
|----------|--------------|--|
| 1) _____ | Phone: _____ | ATTENTION:
Your child will only be released to a parent, legal guardian, emergency contact or authorized pick up. You may authorize as many pick ups as needed on an included separate sheet of paper. |
| 2) _____ | Phone: _____ | |
| 3) _____ | Phone: _____ | |
| 4) _____ | Phone: _____ | |

MEDICAL INFORMATION / SPECIAL NEEDS

Physician/Medical Provider: _____

Address: _____ Phone: _____

Insurance: _____ Policy Number: _____

Allergies: _____ Medical Conditions: _____

Medications: _____ Disabilities: _____

Special Needs: _____ Restrictions: _____

PARENTAL CONSENTS - PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW

Obtaining Emergency Care: _____ Administering Minor First Aid Procedures _____

Walks & Field Trips: _____ Swimming / Wading: _____

Transportation by N4Cs: _____ Photograph: _____

Consent for Observation: _____ **Today's Date:** _____

I hereby certify that the included information is accurate and complete.

Parent Signature: _____ Date: _____