

2009-2010 CONTACT INFORMATION

Today's date: _____

Name of child: _____ M ___ F ___ Date of Birth : _____

Mother: _____ Father: _____

Allergies _____

Medications child is currently taking: _____

Specific health conditions: _____

Serious illness, accidents or surgeries: _____

Emergency Medication: _____

This medication has been provided to the school with instructions for administration to be kept on file.

In case of emergency, please list the names (including parents) and preferred order of contact.

Contact #1 Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact #2 Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact #3 Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact #4 Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Contact #5 Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

OUT OF STATE EMERGENCY CONTACT

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Doctor's name: _____ Phone: _____

Dentist's name : _____ Phone: _____

Date of last physical exam: _____