

+ Emergency Information +

Child's Name: _____ Birthday: _____

Home Address: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Contact Information:

Mother: home: _____ work: _____ cell: _____ e-mail: _____

Father: home: _____ work: _____ cell: _____ e-mail: _____

Alternate Emergency Contact Person(s):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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+ Emergency Information +

Child's Name: _____ Birthday: _____

Home Address: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Contact Information:

Mother: home: _____ work: _____ cell: _____ e-mail: _____

Father: home: _____ work: _____ cell: _____ e-mail: _____

Alternate Emergency Contact Person(s):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

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Medical Information (include allergies to medications, foods, other substances, etc.):

Hospital Preference: _____

Child's Doctor: _____ **Phone:** _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

Parent's Signature: _____ **Date:** _____

Operator's Signature: _____ **Date:** _____

Medical Information (include allergies to medications, foods, other substances, etc.):

Hospital Preference: _____

Child's Doctor: _____ **Phone:** _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

Parent's Signature: _____ **Date:** _____

Operator's Signature: _____ **Date:** _____