

BEFORE SCHOOL CARE

EMERGENCY MEDICAL FORM

Child/Children's

Grades:

Allergies:

Other Medications:

Mother's Name:

Mother's Address:

Phone Numbers:

Father's Name:

Father's Address: _

Phone Numbers:

If school is cancelled for the day who should we contact?

___ Mom

___ Dad

___ Contact #1

___ Contact #2

Please list two other emergency contacts who can be reached.

Contact #1 Name: _____ Relationship: _____

Phone Numbers:

Contact # 2 Name: _____ Relationship: _____

Phone Numbers:

Please write anything else you would like us to know about your child/ children (back may be used).