

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).

Please return form to your child's homeroom teacher by Friday, August 30th.

