

EMERGENCY CONTACT INFORMATION

Child's Information (Please print legibly)

Child's name (first/middle/last) _____

Address _____ City _____ Zip _____

Male Female Date of Birth (m/d/y) _____ Age (as of registration date) _____

Family Information

Guardian 1 name _____ Home # _____

Home address _____ City _____ Zip _____
(if different then child)

Employer _____ Work # _____ ext. _____ Hours/days _____

Mobile # _____ Email address _____

Guardian 2 name _____ Home # _____

Home address _____ City _____ Zip _____
(if different then child)

Employer _____ Work # _____ ext. _____ Hours/days _____

Mobile # _____ Email address _____

Authorization for Pick Up

The following people have authorization to pick up my child:

1. Name _____ Relation _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

2. Name _____ Relation _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

3. Name _____ Relation _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

4. Name _____ Relation _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

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Emergency Information

In case of emergency, please contact the following first: Guardian 1 Guardian 2

Child's Physician _____ Phone _____

Hospital preference _____

Insurance company _____ Policy # _____

In emergency situation when primary contacts cannot be reached, call:

1. Name _____ Relationship to child _____

Address _____ Work # _____ ext. _____ Mobile # _____

2. Name _____ Relationship to child _____

Address _____ Work # _____ ext. _____ Mobile # _____

3. Name _____ Relationship to child _____

Address _____ Work # _____ ext. _____ Mobile # _____

Medical Information

Allergies or food restrictions*? *Yes ___ No___ EpiPen* Yes ___ No___

If yes, please be specific _____

Physical restrictions? Yes ___ No___

If yes, please be specific _____

Does your child have Asthma*? *Yes ___ No___

If yes, please list triggers and warning signs _____

*A Plan of Action form must be filled out and signed by parent/guardian and remains in emergency bag at all times. Please contact Early Childhood Director for Plan of Action form or further questions.

https://www.isbe.net/Documents/sample_asthma_plan.pdf#search=asthma%20plan%20of%20action

https://www.isbe.net/Documents/food_allergy_emer_action_plan.pdf#search=asthma%20plan%20of%20action