



Emergency Information Record 2010–2011

Name: _____ Room: _____ Name: _____ Room: _____

Name: _____ Room: _____ Name: _____ Room: _____

Name: _____ Room: _____ Name: _____ Room: _____

Mother/Guardian _____ Work Phone Number _____

Home Phone Number _____ Cell Phone Number _____

Occupation _____ Company Name _____

Father/Guardian _____ Work Phone Number _____

Home Phone Number _____ Cell Phone Number _____

Occupation _____ Company Name _____

Emergency Information

Emergency Contact _____ Phone Number _____

Specify Relationship (neighbor, relative, etc.) _____

Family Physician _____ Phone Number _____

In the event of an emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of an accidental injury.

Signature of Parent or Guardian _____

Day Care (if applicable) _____ Phone Number _____

Days Attending M T W T F

Important Information

Allergic to _____

Medication Currently Taking _____

Reason for Medication _____

Restriction of Activity (please state the degree of restriction and why it is necessary) _____

Other Physical Condition(s) _____