

Emergency Card Information

(Must be filled-out annually)

Child's name _____ Birthdate ___ / ___ / ___

Address _____ City _____ Zip _____

Parent name _____ Home # _____

Work # _____ Cell # _____

Work # _____ Cell # _____

Email address _____ (Print Clearly)

If neither parent/guardian can be reached in case of emergency, please list alternate contacts:

Name _____ Phone _____

Name _____ Phone _____

Medical Information:

Pediatrician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Hospital of choice _____ Address _____

My Child is allergic to _____

and I have filled out an Emergency Medical permission forms if medication is stored at school.

Any special medical, physical, dietary, or other needs of this child? If yes, describe:

I, _____, hereby give permission to Child Priority School to ask a doctor for medical or surgical care for my child should an emergency arise. This includes calling 911 if necessary. It is understood that a conscientious effort will be made to immediately locate me or the other head of the household. We accept any medical expenses incurred.

_____ Date ___ / ___ / ___

Signature of Parent or Guardian

Persons Authorized to pick-up your child other than parents:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Children will not be released to anyone other than parents, guardians, or those you have listed here, unless advance notice is given to the child's teacher. Please send a note or call the school.

Special information about my child

Is there anything you might tell us about your child that will help us better serve him/her? This might include health issues, toileting, fears or any behavior you think is of importance.

_____ Date: _____ / _____ / _____

Signature of Parent or Guardian