

Emergency Form

CHILD'S FULL NAME: _____

CHILD'S NICKNAME OR SCHOOL NAME: _____

DATE OF BIRTH: _____

PARENT 1 NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (C) _____

WHERE EMPLOYED: _____

PARENT 2 NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (C) _____

WHERE EMPLOYED: _____

IN CASE OF AN EMERGENCY, PLEASE LIST THE NAMES AND NUMBERS OF TWO PEOPLE WE CAN CALL IF YOU CANNOT BE REACHED.

(NAME)	(RELATIONSHIP)	(PHONE)
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(NAME)	(RELATIONSHIP)	(PHONE)
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PLEASE LIST 2-3 NNS FAMILIES YOU GIVE PERMISSION TO PICK UP YOUR CHILD:

(NAME)	(PHONE)
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(NAME)	(PHONE)
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(NAME)	(PHONE)
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NAME OF PHYSICIAN: _____ PHONE _____

NAME OF DENTIST: _____ PHONE _____

DOES YOUR CHILD HAVE ANY ALLERGIES WE SHOULD BE AWARE OF? YES NO

IF YES, PLEASE EXPLAIN:

PLEASE LIST OTHER INFORMATION ABOUT YOUR CHILD WHICH WOULD BE HELPFUL TO US.

"In the event that _____ becomes ill or injured, I authorize emergency medical care."

"I give permission for _____ to take part in field trips or excursions under proper supervision."

PARENT SIGNATURE: _____ Date: _____