



IDENTIFICATION AND EMERGENCY INFORMATION

Student's Name _____

Age _____ Home Phone Number _____

Home Address _____

Father's Name _____ Social Sec. # _____

Business Phone _____ Home Phone _____ DL# _____

Home Address _____

Mother's Name _____ Social Sec.# _____

Business Phone _____ Home Phone _____ DL# _____

Home Address _____

Legal Guadian's Name _____

Business Phone _____ Home Phone _____ DL# _____

Additional Persons Who May be Called in an Emergency

| Name | Address | Phone | Relationship |
|-------|---------|-------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Persons Authorized to take child from facility

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Persons NOT Authorized to take child from facility

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Physician to be called in an emergency _____

Dentist to be called in an emergency _____

Specific Information: (Allergies, medication, medical problems, fears etc.)
