

## MEDICAL AND EMERGENCY CONTACT INFORMATION

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Family Doctor Name and Phone No: \_\_\_\_\_

Does Your Child Have Any Allergies? If yes, please list below:

\_\_\_\_\_

Does your Child Carry An Epipen? Circle Yes or No

Medications or Conditions of which we should be aware. If any, please list below:

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** We must be notified in advance if a child will be absent or late. We will call the parent numbers or the alternate if your child has an uninformed absence.