

Medical Information and Emergency Contacts

Child's Name _____ **Grade:** _____ **DOB:** _____

Doctor: _____ **phone:** _____

Hospital: _____ **Insurance:** _____

Emergency Contact 1: _____ **ph:** _____
Relationship: _____

Emergency Contact 2: _____ **ph:** _____
Relationship: _____

Emergency Contact 3: _____ **ph:** _____
Relationship: _____

Medications: _____

Medical History: _____

****MAY NOT PICK UP**:**

TRANSPORTATION

Car rider: _____ **Bus rider:** _____ **Extended Day:** _____

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Previous School Address: _____

Name of School: _____

Telephone: _____ **Fax:** _____