

EXTENDED CARE PROGRAM EMERGENCY INFORMATION

DATE _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

Indicate first and last name

(If parent's last name is different, please indicate _____)

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____

DAD'S HOME PHONE IF DIFFERENT _____

When nobody can be reached at the above number(s) please call:

MOM WORK #: _____ MOM PAGER #: _____

DAD WORK #: _____ DAD PAGER #: _____

ANY SPECIAL INSTRUCTIONS REGARDING YOUR CHILD/CHILDREN:

EMERGENCY PHONE NUMBERS OTHER THAN PARENTS

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

PHONE: _____

INSURANCE INFORMATION:

My child/children have accident insurance coverage with:

NAME OF COMPANY: _____

ADDRESS OF COMPANY: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PARENT SIGNATURE