



EMERGENCY CONTACT INFORMATION

INSTRUCTIONS TO PARENTS:

(1) Complete all items on this side of the form. Sign and date where indicated.

(2) If your child has a medical condition, which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

Lindy Scholar's **Name:** _____

Lindy Scholar's **School Name:** _____

Lindy Scholar's **Home Address:**

Address Street Apt.# City State Zip Code

Mother's Name: _____

Mother's Home Address: *(If different from above)*

Address Street Apt.# City State Zip Code

Home Telephone: _____ Cellular Phone : _____

Father's Name: _____

Father's Home Address: *(If different from above)*

Address Street Apt.# City State Zip Code

Home Telephone: _____ Cellular Phone: _____

Please list at least one person who may be contacted in the event of an emergency:

1. Name: _____ Telephone: (H) _____ (W) _____

Address Street Apt.# City State Zip Code

2. Name: _____ Telephone: (H) _____ (W) _____

Please complete other side

Address Street Apt.# City State Zip Code

3. Name: Telephone: (H) (W)

Address Street Apt.# City State Zip Code

Child's Physician or Source of Health Care:

Telephone:

Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

Medical Condition(s):

Medications currently being taken by your child:

Allergies/Reactions:

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED:

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available.

Parent/Guardian Signature: Date: