



EMERGENCY CONTACT INFORMATION

Name: _____ **Birth date:** _____

Please list all allergies, medical conditions, medications, etc.:

Legal Guardian #1:

Name: _____ Relationship to Child: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____

Legal Guardian #2:

Name: _____ Relationship to Child: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____

Additional Emergency Contacts

Emergency Contact #1:

Name: _____ Relationship to Child: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____

Emergency Contact #2:

Name: _____ Relationship to Child: _____
Cell Phone: _____ Home Phone: _____
Work Phone: _____

Parent/Legal Guardian Consent and Agreement for Emergencies

As a parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs.

Signature of Legal Guardian or Student if over 18

Date