

NEWMeadow
Emergency Information Form

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

SCHOOL DISTRICT: _____ COUNTY: _____

MALE / FEMALE / OTHER / PREFER NOT TO SAY (Please circle one)

PARENT/GUARDIAN #1

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

EMPLOYER: _____

WORK PHONE: _____

PARENT/GUARDIAN #2

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

EMPLOYER: _____

WORK PHONE: _____

EMERGENCY CONTACT (In the event of an emergency, when parent/guardian cannot be reached, please list a relative or friend who can be contacted for information or to pick up your child.)

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

PEDIATRICIAN/FAMILY PHYSICIAN

NAME: _____ PHONE: _____

ADDRESS: _____

DENTIST

NAME: _____ PHONE: _____

ADDRESS: _____

PREFERRED HOSPITAL: _____

OTHER INFORMATION: _____

Parent/Guardian Signature

Date