



### Identification and Emergency Information

Name of child: \_\_\_\_\_

*First Middle Last Nickname*

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Employment: \_\_\_\_\_ Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_

Employment: \_\_\_\_\_ Hours: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Persons authorized to pick up child:** (Under no circumstances will a child be released to anyone not known to the school without authorization form parent or guardian.)

\_\_\_\_\_  
\_\_\_\_\_

**Persons to be called in case of emergency:** (Be sure to include someone who will usually know your whereabouts.)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Hospital preference: \_\_\_\_\_