

ENRICHMENT ON MAIN
EMERGENCY INFORMATION CARD

CHILD'S NAME: _____ BIRTH DATE: _____

CELL PHONE: MOM _____ DAD _____

CHILD'S DENTIST: _____ PHONE _____

DENTIST'S ADDRESS: _____

CHILD'S PHYSICIAN: _____ PHONE _____

PHYSICIAN'S ADDRESS: _____

HOSPITAL PREFERRED: _____

PARENT'S HEALTH INS. POLICY, NAME & NUMBER: _____

ALLERGIES: _____

IF UNABLE TO CONTACT PARENTS, THE FOLLOWING PEOPLE HAVE MY PERMISSION TO REMOVE MY CHILD FROM SCHOOL:

NAME: _____

ADDRESS _____ PHONE _____

NAME: _____

ADDRESS: _____ PHONE: _____

SIGNATURE OF PARENT: _____ DATE _____