

**IDENTIFICATION AND EMERGENCY INFORMATION 2016-2017**

**(MUST BE TURNED IN ON OR BEFORE THE FIRST DAY OF SCHOOL)**

Name of Child: \_\_\_\_\_

Last	First	Middle	Nickname
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Address: \_\_\_\_\_ Birthday (mm/dd/yyyy) \_\_\_\_\_

Mother: \_\_\_\_\_ If applicable, stepmother or guardian: \_\_\_\_\_

Employment: \_\_\_\_\_ Hours \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ If applicable, stepfather or guardian: \_\_\_\_\_

Employment: \_\_\_\_\_ Hours \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Food Allergies/Health Concerns: \_\_\_\_\_

Persons authorized to pick up child: \_\_\_\_\_

Person to call in case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_