

IDENTIFICATION AND EMERGENCY INFORMATION 2017-2018
(MUST BE TURNED IN ON OR BEFORE THE FIRST DAY OF SCHOOL)

Name of Child: _____
Last First Middle Nickname

Address: _____ Birthday (mm/dd/yyyy) _____

Mother: _____ If applicable, stepmother or guardian: _____

Employment: _____ Hours _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ Email: _____

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 _____