



ID# _____ Name-Last _____ First _____ Middle _____

Home Address _____

City _____ Zip _____ Birth Date _____ Home Telephone _____

Mother's Name And Business Phone /Ext. _____ Father's Name and Business Phone /Ext. _____

Give the name of relatives or friends who will be responsible for your child should she/he become ill and you cannot be reached.

| Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Give the names of your first and second choice doctors who may be called for your child should she/he need emergency care and you cannot be reached.

1. _____ 2. _____
 Name and Phone Name and Phone

I authorize the school administration to take action as necessary in case of an emergency.

Signature of Parent or Guardian _____ Date _____



ID# _____ Name-Last _____ First _____ Middle _____

Home Address _____

City _____ Zip _____ Birth Date _____ Home Telephone _____

Mother's Name And Business Phone /Ext. _____ Father's Name and Business Phone /Ext. _____

Give the name of relatives or friends who will be responsible for your child should she/he become ill and you cannot be reached.

| Name | Address | Phone |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Give the names of your first and second choice doctors who may be called for your child should she/he need emergency care and you cannot be reached.

1. _____ 2. _____
 Name and Phone Name and Phone

I authorize the school administration to take action as necessary in case of an emergency.

Signature of Parent or Guardian _____ Date _____