Address _____
Street/ Apt# City State Zip Code

2. Name_____

Home Phone _____ Work Phone_____

Address _____
Street/ Apt# City State Zip Code

3. Name_____

Home Phone _____ Work Phone_____

Address _____
Street/ Apt# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/ Guardian_____ Date_____

MEDICAL CONDITIONS

Complete the following items as appropriate, if your child has a condition(s) which might require emergency medical care. If necessary have your child's health practitioner review the information you provide below and sign/ date where indicated.

Child's Name _____ Date of Birth _____
Medical Condition (s) _____
_____
Medications currently being taken by your child: _____
_____
Date of your child's last tetanus shot: _____
Allergies/ Reactions: _____
_____
Signs/ symptoms to look for: _____
_____
_____
If signs/ symptoms appear, do this: _____
_____

NOTE TO HEALTH PRACTITIONER:

If you have reviewed the above information, please complete the following:

_____ _____
Name of Health Practitioner Date

_____ _____
Signature of Health Practitioner Date

Right Track Academy

Building Self-Esteem through the Arts

Emergency Form

INSTRUCTIONS TO PARENTS:
(1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review the infomation.

Child's Name _____

Date of Birth _____ Enrollment Date_____

Child's Home Address_____
Street/Apt. # City State Zip Code

Mother's Name _____ Home Phone _____

Mother's Employer/School _____
Name Address

Mother's Home Address (If different from above) _____
Street/ Apt# City State Zip Code

Work Phone_____ Cell Phone_____

Father's Name _____Home Phone _____

Father's Employer/School _____
Name Address

Father's Home Address (If different from above) _____
Street/ Apt# City State Zip Code

Work Phone_____ Cell Phone_____

EMERGENCY CONTACTS

When parents can not be reached, list at least one person who may be contacted to pick up the child in an emergency.

1. Name_____

   Home Phone _____ Work Phone_____