



## Emergency Information

Class day/time \_\_\_\_\_

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent 1 name \_\_\_\_\_ Address (if different) \_\_\_\_\_

Employment \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

Parent 2 name \_\_\_\_\_ Address (if different) \_\_\_\_\_

Employment \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell/pager \_\_\_\_\_

### **AUTHORIZED INDIVIDUALS TO PICK UP CHILD** (other than parents):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**IN CASE OF EMERGENCY** (in the event parent/guardian cannot be reached, I authorize the director or person in charge to make arrangements for emergency medical attention)

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

I give consent for the Science School and Museum of Nature & Science to secure any and all necessary emergency care for my child.

**Parent/legal guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_