



EMERGENCY CONTACT INFORMATION

Child's Name _____ Date of Birth _____
(Last Name) (First Name)

Address _____ Zip _____

Best # to reach someone in an emergency: _____ Name: _____

Parent/Primary Caregiver Name _____ Phone #1: _____
Phone #2: _____
Phone #3: _____

Parent/Primary Caregiver Name _____ Phone #1: _____
Phone #2: _____
Phone #3: _____

Name of persons (different from above) to be contact in an emergency (someone living in within 20 miles):

1. _____ Address _____
Relationship to child (e.g., sitter, relative, friend) _____ Phone _____

2. _____ Address _____
Relationship to child (e.g., sitter, relative, friend) _____ Phone _____

Physicians to be called in an emergency:

_____ Phone _____

Hospital Preference _____

Is the child covered by health insurance? _____ If so, list policy name and number _____

medical assistance? _____ If so, program card number _____

Is child eligible for military medical care? _____ If so, what is the ID#? _____

Does your child have any drug allergies? _____

I, the undersigned, hereby authorize the staff of Prairie Moon Waldorf School to take whatever emergency medical measures deemed necessary for the care and protection of my child, who is enrolled at Prairie Moon Waldorf School.

Signature of Parent or Guardian

Date

Signature of Notary

Date Notarized