

# WRENS CLUB- EMERGENCY INFORMATION

**FAMILY (last) NAME** \_\_\_\_\_

Name(s) of Child(ren), Grade: \_\_\_\_\_

Health issues/Allergies: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

**Mother Name and Address:**

\_\_\_\_\_

Phone#:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's email \_\_\_\_\_

**Father Name and Address:**

\_\_\_\_\_

Phone#:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's email \_\_\_\_\_

**Family Doctor/Clinic:**

\_\_\_\_\_ / \_\_\_\_\_ Phone#: \_\_\_\_\_

**Name of Person(s) that could be called if parent cannot be reached:**

Name, Relationship, Phone number(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

The following named people may pick my child from school:

\_\_\_\_\_

\_\_\_\_\_

I have discussed with my child(ren) a procedure to follow in case of emergency dismissal from school? ▲ Yes ▲ No

I understand that it is my responsibility to notify the school immediately of any contact information and/or of all health/medical changes for my child(ren). If neither parents or authorized person can be contacted in case of serious injury or illness, I authorize the school to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_