

St. Aidan's Episcopal Day School Emergency Information Form

Child's Name: _____ Date of Birth: _____
Address: _____

Mother's Name: _____ Primary Phone: _____
Home Address: _____ Work Phone: _____
_____ Additional Phone: _____
_____ E-Mail: _____

Father's Name: _____ Primary Phone: _____
Home Address: _____ Work Phone: _____
_____ Additional Phone: _____
_____ E-Mail: _____

Medical

Allergies: _____

If so does your child have an epi-pen? _____ (Epi-pens require an additional form)

Other issues: (dietary restrictions, asthma, hearing, heart, physical disabilities, etc.):

The school has my permission, in an emergency when I cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the health and well-being of my child.

My child's physician: _____ Telephone: _____

My child's medical coverage/health insurance company: _____

Persons Authorized to Pick up My Child (Either as regular babysitter, on an occasional basis, or if child is sick and we can not reach parents)

Name	Phone Number(s)	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Signature _____

Date _____