

# St. Aidan's Episcopal Day School

## Emergency Information Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Medical

Allergies: \_\_\_\_\_

Other medical conditions: (asthma, hearing, heart, physical disabilities, etc.): \_\_\_\_\_

Medicines: \_\_\_\_\_

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 well-being of my child.

My child's physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

My child's medical coverage:

Health insurance company: \_\_\_\_\_ Telephone: \_\_\_\_\_

### LOCAL Emergency Contacts If Parents Cannot Be Reached

Name	Telephone	Relationship
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1. \_\_\_\_\_

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

### Additional Persons Authorized To Pick Up Child, Including Babysitter/ Nanny or Neighbor/ Friend

*(Child may only leave with a person authorized in writing by a parent or guardian.)*

Name	Telephone	Relationship
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1. \_\_\_\_\_

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

3. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_