



TO BE COMPLETED BEFORE SCHOOL BEGINS

Identification and Emergency Information

Child Full Name: _____ Sex: ____ Date of Birth: _____

Persons your child may be released to:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Persons who may be called in case of an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician to be called in case of an emergency:

Name: _____ Phone: _____

Address: _____

Dentist to be called in case of an emergency:

Name: _____ Phone: _____

Address: _____