

EMERGENCY INSTRUCTIONS

Name of Student: _____ Date of Birth: _____

Mother's Name & Address:

Father's Name & Address:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Who else should we contact in case of an emergency?

Name	Relation	Number

What should we know about your child? (Allergies, asthma, medications, other extenuating circumstances...)

Signature: _____ Date: _____

Signature: _____ Date: _____

ALLERGY ALERT

Name of Child: _____

Known Allergy: _____

We will post this in the classroom and in the kitchen.