HOMEWORK SOLUTIONS

IMPORTANT PHONE NUMBERS

EMERGENCY CALL 911

PEDIATRICIAN: ADDRESS: PHONE: ( ) -	**POISON CONTROL CENTER**: PHONE: ( ) -
DENTIST: ADDRESS: PHONE: ( ) -	**HOSPITAL**: ADDRESS: PHONE: ( ) -
FATHER: EMPLOYER NAME: EMPLOYER ADDRESS: MOBILE: ( ) - OFFICE PHONE: ( ) - EMAIL ADDRESS:	**MOTHER:** EMPLOYER NAME: EMPLOYER ADDRESS: MOBILE: ( ) - OFFICE PHONE: ( ) - EMAIL ADDRESS:
ALTERNATE CONTACT NAME: PHONE: ( ) - RELATIONSHIP:	**ALTERNATE CONTACT** NAME: PHONE: ( ) - RELATIONSHIP:
SCHOOL NAME: GRADE/TEACHER NAME: SICK LINE: ( ) - MAIN LINE: ( ) -	**EMERGENCY/EVACUATON MEET UP INSTRUCTIONS:**

In an emergency, when all phone circuits are busy, text messaging may still be operable.

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CHILD'S PERSONAL INFORMATION

Name: Date of Birth:
Sex: Social Security #:
Hair: Eyes:
Allergies:

Medical Conditions/Medication:

CHILD'S PERSONAL INFORMATION

Name: Date of Birth:
Sex: Social Security #:
Hair: Eyes:
Allergies:

Medical Conditions/Medication:

MEDICAL INSURANCE INFORMATION

Name of Insured: Employer:
Ins. Company:
Member No.:
Insured/Employee ID:
Group #: Confirmation Phone No.: ( ) -

PARENTAL AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In the case of accident or illness, should my child(ren) ______________________________ become ill during the time that s/he is in the care of ______________________________ (name of caregiver) or suffers an accident of any character, I (we) shall be contacted immediately. In the event that I (we) cannot be contacted immediately, the above named caregiver shall be authorized to secure such medical attention and care as may be necessary from duly licensed medical and dental personnel.

Parent Signature: ____ Date:

PLEASE ATTACH A COPY OF INSURANCE AND PRESCRIPTION PLAN IDENTIFICATION CARDS

AUTOMOBILE INSURANCE INFORMATON

Ins. Company: Policy ID:
PHONE: ( ) -

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