

**EMERGENCY INFORMATION**  
Kid Connection



**PLEASE PRINT**

Child's Name: \_\_\_\_\_  
(Last Name, First Name) Sex Date of Birth Grade

Home Address City Zip Code Home Phone

Father's Name (Please Print) Employer City Business Phone #

Mother's Name (Please Print) Employer City Business Phone #

Email Address \_\_\_\_\_

**IN CASE OF EMERGENCY** Relationship Home # Cell # **CALL:**

Mother's Cell # \_\_\_\_\_ Other (specify) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Other (specify) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Student lives with: (Circle one) Both Parents Mother Only Father Only Legal Guardian

List **FOUR PERSONS IN THE AREA** who can pick up your child. List in calling order. Child will be release only to those named.  
NAME ADDRESS RELATIONSHIP PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Please list child's name and information regarding health problems (allergies, routine medications, dosage, etc.)

Asthma\_\_\_\_ Diabetes\_\_\_\_ Epilepsy\_\_\_\_ Other\_\_\_\_\_

Medication. Please list any medication that your child is currently taking and dosage:

\_\_\_\_\_

Should there be a serious problem and I cannot be reached, I authorize Kid Connection to call the physician listed below and to follow his instructions.

Local Physician Address Phone Number

If it is impossible to contact this physician, Kid Connection may make whatever arrangements seem appropriate. \_\_\_\_ Yes \_\_\_\_ No

Please Note: Kid Connection cannot assume responsibility for the payment of physicians' fees or health expenses.

Is there a court order regarding this child/children? \_\_\_\_ No \_\_\_\_ Yes: \_\_\_\_\_

Please Note: Kid Connection staff will not be responsible for joint custody issues. Parents are responsible for determining who will pick up their children. If there is a court order regarding your child, please notify Kid Connection staff.

Please initial

\_\_\_\_\_ I certify that the information provided on this card is true and correct.

\_\_\_\_\_ I give permission for my child to attend all field trips referenced in the Fee Schedule form.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_