

EMERGENCY INFORMATION

In the event I cannot be reached to make arrangements for emergency medical care,
I authorize the person in charge to take my child to:

PHYSICIAN: _____ or HOSPITAL: _____

Medical Insurance Provider: _____
Policy Number : _____

In the event I cannot be reached, I authorize Good Shepherd to secure any and all necessary emergency medical care for the safety and well-being of my child. I assume any applicable costs for emergency care after relevant insurance coverage is applied.

Signature: _____ Date: _____

List any special problems that your child may have, such as allergies, existing illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

(NA if not applicable) _____
_____ (additional sheet if necessary)

CONTACT INFORMATION

		Emergency Contact	Permission to pick up my child	School Newspaper Mailing List	Grandparent's Club
_____	Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address	City, State, Zip	Phone #1	Phone #2		
_____	Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address	City, State, Zip	Phone #1	Phone #2		
_____	Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address	City, State, Zip	Phone #1	Phone #2		
_____	Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address	City, State, Zip	Phone #1	Phone #2		
_____	Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address	City, State, Zip	Phone #1	Phone #2		
_____	Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Address	City, State, Zip	Phone #1	Phone #2		



.

.

.

.

.

.