

# EMERGENCY CONTACT FORM

## PERSONAL INFORMATION

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT #1: \_\_\_\_\_

PREFERRED PHONE NUMBER: \_\_\_\_\_  Cell  Home  Work

SECONDARY PHONE NUMBER: \_\_\_\_\_  Cell  Home  Work

RELATIONSHIP TO CHILD: \_\_\_\_\_

EMERGENCY CONTACT #2: \_\_\_\_\_

PREFERRED PHONE NUMBER: \_\_\_\_\_  Cell  Home  Work

SECONDARY PHONE NUMBER: \_\_\_\_\_  Cell  Home  Work

RELATIONSHIP TO CHILD: \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

**PLEASE LIST THE NAMES OF PEOPLE AUTHORIZED TO PICK UP YOUR CHILD**


*If you wish for your child to walk home, you must give written permission to Education Coordinator, Amy*

**PLEASE LIST ANY ALLERGIES AND/OR MEDICAL CONDITIONS**


*If your child has a severe allergy, you must fill out the Severe Food Allergy Questionnaire with Education Coordinator, Amy*

I GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE TAKEN FOR USE IN SARATOGA ARTS' PROMOTIONS AND PUBLICITY

YES

NO