The Children's Garden School

Student Emergency Information

Student Information

First Name | Middle Name | Last Name | Birth Date

Street Address | City | Zip

Parent/Guardian 1 Information

First Name | Last Name | Phone

Employer | Work Phone

Parent/Guardian 2 Information

First Name | Last Name | Phone

Employer | Work Phone

Emergency Contacts (other than listed above) in case of an emergency school closure, if we cannot reach you, these people are authorized by you to receive your child from school:

Emergency Contact 1 Name | Phone

Emergency Contact 2 Name | Phone

Out of Town Contact Name | Phone

Health and Medical Information

Health Conditions/Allergic Reactions

Medical Insurance | Group Number | Policy Holder Birth Date

Pediatrician | Phone

Your signature on this form grants permission for a staff member, school parent, and/or emergency vehicle to transport your child to a safe location in case of emergency.

Signature | Date

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Signature | Date