



Emergency Contact Form

Child's Scheduled Days: _____ AM ___ PM ___ Fall 2016___ Summer 2016 ___ Today's Date: _____

Child's Name: _____ **Gender:** _____ **Date of Birth:** _____
Address: _____ **City, State, Zip:** _____
Child lives with: _____ **Home phone #:** _____
Illnesses/Allergies/Reaction: _____

Pediatrician Name/Phone Number/Address: _____

Legal Guardians are:
 Unmarried _____ Married _____ Separated _____ Divorced _____

Legal Guardian: Mother _____ Father _____ Other _____
Name: _____ **Email:** _____
Address: _____ **City, State, Zip:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Occupation: _____ **Employer:** _____ **Employer Address:** _____

Legal Guardian: Mother _____ Father _____ Other _____
Name: _____ **Email:** _____
Address: _____ **City, State, Zip:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Occupation: _____ **Employer:** _____ **Employer Address:** _____

Additional Emergency Contacts: Individuals authorized to pick up child if guardian(s) are unavailable.
 1. Name: _____ Relationship: _____ Contact #: _____
 2. Name: _____ Relationship: _____ Contact #: _____
 3. Name: _____ Relationship: _____ Contact #: _____

Medical Release: I do hereby authorize the director and staff at *Who's on First?* to contact the persons named on this form, and do authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians, other persons named on this form cannot be reached, "Who's on First?" director and staff are hereby authorized to take whatever action is deemed necessary in the judgment of the health of aforesaid child. Any expenses incurred for the above will be the responsibility of the parent, not *Who's on First?*, director or staff members.

I have read this form and agree to the medical release statement as written.

Parent Signature: _____ **Date:** _____