
2021-2022

Emergency Information

Child's name: _____

Class (2 day or 3 day; a.m. or p.m): _____

Mother's name: _____

Mother's Workplace: _____

Daytime Phone: _____

Cell Phone: _____

Father's name: _____

Father's Workplace: _____

Daytime Phone: _____

Cell Phone: _____



Emergency Contacts:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

I authorize staff members and volunteers of the Field Station Cooperative to administer such first aid as deemed necessary to my child_____. Further permission is given to allow medical services to be performed by qualified medical providers if I or my listed emergency contacts cannot be reached, I understand that the cost of all emergency services are my responsibility.

Date: ___/___/___ Signature: _____

(parent or guardian)

It is your responsibility to notify the teachers directly regarding your child's allergies, medications or any other medical condition that may affect classroom participation or behavior.
