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**2020-2021**

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**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: \_\_\_\_\_

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**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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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.**

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