



Kindergarten Kapers / Scampers

Emergency Form



_____	_____	_____	_____	_____	_____
Last Name	First Name	M / F	D.O.B.	Phone Number	Section #
_____	_____	_____	_____	_____	
Street Address	City	State	Zip	E-Mail Address	

Parent / Guardian Information					
Name (Last, First)	Relationship	Lives w/ student	Cell Phone	Work Phone	Work Address

If Parent / Guardian is not available, please list additional emergency contact information below.					
Name (Last, First)	Relationship	Home Phone	Cell Phone	Work Phone	Address

Please list all allergies: _____

_____ I give permission for my child to be photographed or videotaped

_____ I **DO NOT** give permission for my child to be photographed or videotaped

In the event that it is impossible to reach me, I hereby give my consent for my child _____ to receive emergency medical treatment, including basic first aid (i.e. bandaids, ice packs, etc.) and/or whatever medical measures are deemed necessary for his/her protection.

Signature of Parent/Guardian

Date

(Additional information on back)

Emergency Form Continued...

Primary person picking up your child					
Name (Last, First)	Relationship	Home Phone	Cell Phone	Work Phone	Address

Primary person dropping off your child					
Name (Last, First)	Relationship	Home Phone	Cell Phone	Work Phone	Address

My child can be released to the following people					
Name (Last, First)	Relationship	Home Phone	Cell Phone	Work Phone	Address