

IDA KIDS CENTER EMERGENCY INFORMATION

Date _____

Student Name _____ Grade _____ Birthday _____

Address _____ Home Phone _____

With Whom Does The Child Reside? _____

Father's Name _____ Employer _____ Work Phone _____

Mother's Name _____ Employer _____ Work Phone _____

Emergency Contacts In Order Of Preference Contacted.

(1) _____

Name	Address	Phone Numbers	Relationship
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(2) _____

Name	Address	Phone Numbers	Relationship
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(3) _____

Name	Address	Phone Numbers	Relationship
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(4) _____

Name	Address	Phone Numbers	Relationship
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Any Legal Custodial Agreements? _____

Family Physician _____

Name	Address	Phone	Medical Insurance	Policy #
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Any Health Concerns We Should Be Aware Of _____

Parent/Guardian Signature _____