EMERGENY INFORMATION RECORD

Child _____Date of Birth _____
Home Address_____
Street City Zip
Mother _____Home Phone_____
Home address, if different than child's ____ _____
Place of employment & address_____
Business Phone & ext # _____Cell phone_____

Father _____Home Phone_____
Home address, if different than child's _____ _____
Place of employment & address _____
Business Phone & ext # _____Cell phone _____

Child's Physician_____ Phone # _____
Address _____ Hospital preference_____

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me before such action is taken.
I will be responsible for any payment of care or treatment.
Signature of Parent/Guardian _____ Date _____

Person/s to contact if parents/guardians are unavailable:

Name _____Relationship to child_____
Address _____ Phone #'s _____

Name _____Relationship to child_____
Address _____Phone #'s_____

DEPARTURE PERMISSION

I hereby give permission for my child to leave the Spartan Station only with the person/s named below, if different from above. **Picture identification will be required. It is my responsibility to notify the Spartan Station of any changes.**

Name _____Relationship to child _____
Name _____ " " _____
Name _____ " " _____

Signature of Parent/Guardian _____Date _____

Name of person/s (if any) who may NOT pick up my child: