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## Child/Parent Emergency Information

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Sex: (circle) M or F      Child's DOB \_\_\_\_\_

Child Lives with: (circle) Mother only    Father only    Both Parents    Guardian

Are custody papers required to be on file? (circle one) Yes or No

### Parent/Guardian Information:

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: (circle one) Home or Cell      Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: (circle one) Home or Cell      Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Siblings & ages: (if any) \_\_\_\_\_



## Emergency Contact Information (Persons to call when parents/guardians cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Child/Parent Emergency Information

In case of an accident or serious illness of my child and I cannot be contacted, I request The Learning Outpost to contact those persons listed as Emergency Contacts. I also authorize The Learning Outpost to call the physician below and follow his instructions if I cannot be contacted. If it is impossible to contact this physician, The Learning Outpost may make whatever arrangements it deems necessary.

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

## List of Persons Other Than Parents/Guardians, Who May Pick Up Child

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

Address/Phone \_\_\_\_\_

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

Address/Phone \_\_\_\_\_

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

Address/Phone \_\_\_\_\_



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

Address/Phone \_\_\_\_\_

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The parent's signature below acknowledges that they have approved all information on this form. It is complete and correct to the best of their knowledge, any changes and/or corrections are written directly on this form as necessary.

Signature of Parents/Guardians \_\_\_\_\_

Date \_\_\_\_\_