



# DUCK'S NEST EMERGENCY INFORMATION FORM

*\*Must be completed by Parent or Guardian in order for child to attend school*

Date: \_\_\_\_\_

Child's Name	Last	Middle	First	Telephone
				home:

Address:	Number	Street	City	Zip
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1st Parent's Name	Last	Middle	First	home:
				work:
				cell/pgr:

2nd Parent's Name	Last	Middle	First	home:
				work:
				cell/pgr:

Home Address	Number	Street	City	Zip
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Person responsible for child

Home Address	Number	Street	City	Zip	contact#(s):
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## ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name:	Telephone number(s)	Address	Relationship

## ADDITIONAL INDIVIDUALS AUTHORIZED TO PICK UP CHILD FROM DUCK'S NEST

Name:	Telephone number(s)	Address	Relationship

## OUT OF TOWN CONTACTS

Name:	Telephone number(s)	Address	Relationship

## PHYSICIAN AND/OR DENTIST TO BE CALLED IN AN EMERGENCY

Name:	Address	Medical Plan & Number	Telephone

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL     OTHER, EXPLAIN: \_\_\_\_\_

Would you be willing to help at Duck's Nest in an emergency?

If yes: Contact Number: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_