

# EMERGENCY AND IDENTIFICATION FORM

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Child(ren)s name:

Last

Middle

First

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DOB:

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MOTHERS NAME:

Last

Middle

First

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Address:

Number

Street

City

Zip

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FATHERS NAME:

Last

Middle

First

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PLEASE PRINT:

Mothers e-mail+phone #:

Fathers e-mail + phone #:

Please print the person responsible for child who is readily accessible by phone with all the possible number(s) and e-mail: (please, give all nannies and responsible parties the schools cell phone number as well as providing the school with any and all nannies numbers)

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**ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY**

**NAME:**

**ADDRESS:**

**TELEPHONE:**

**RELATIONSHIP:**

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**PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY**

**NAME:**

**ADDRESS:**

**MEDICAL PLAN #:**

**TELEPHONE:**

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**If physician cannot be reached what action should be taken?**

**CALL EMERGENCY HOSPITAL other**

**Explain**\_\_\_\_\_