FORM E-100

Emergency Contact Information

Child's Name:		Date of Birth:/			
Home Address:		0:4-	State	e	Zip
Streent/Guardian #1:		City	State		Zip
raicity duardian "1.	lame H	ome #	Work #	(Other
Parent/Guardian #2:	Jame H	ome #	Work #		Other
1.			WOIK #		Julier
EMERGENCY CONTACTS (To whom child may be released if parent/guardian is unavailable)					
Name #1:	Re	lationship_			
Address Name #2:		w elationship_			Other
Address	Home #	W	ork #		Other
CHILD'S USUAL SOURCE OF MEDICAL CARE					
Physician's Name:		Phone #: ()		
Address:Stre	eet	City		State	Zip
		Phone #: ()		
Dentist's Name: Address:)		
Str	eet	City		State	Zip
Hospital Name:		Phone #: ()		
Address:		O:h-		Ctata	7:
Stre	et	City		State	Zip
Child's Health Insurance:					
Subscribers Name (on insurance card): ID #:					
Specific instructions of special					
Allergies:					
As a parent/legal guardian, administer to my child emergacessary, 911 will be called a understand that I will be responented by insurance. I give on my behalf until I am avail occurs.	I give consent to gency first aid by the pand, my child may be tran onsible for all emergency consent for the emergency	rogram staff sported to re transportati y contact per	f. I unde eceive eme ion and ar rsons liste	erstand ergency on eny charged ed above	that if care. I ges not to act
Parent/Guardian's signature #	1:		Date	e:/_	/
Parent/Guardian's signature #	2:		Date	e:/_	/