

FAD PAD Emergency Information Form

Please fill out the following:

Session(s):

Child's Name:

Child's Birth date and Age:

Child's School:

Child's allergies/food restrictions:

Parent(s) Name(s):

Address: City, State, Zip:

Home Phone:

Cell phone:

Work phone:

Email:

Below is a list of persons who may pick up my child and assume responsibility in case of illness or emergency. Please include their phone number.

- 1.
- 2.
- 3.

MEDICAL INFORMATION

Pediatrician:

Phone:

Group Health Insurance Plan:

Member#

If your child has any learning challenges, please explain them and any ways we can make things go well for them.

Is there anything else you would like us to know about your child.