

Homeschool Class Emergency Information

Today's Date

Child's Name

Child's Birth date and Age

Child's allergies/food restrictions

Parent/Gaurdian(s)

Address: City, State, Zip

Home Phone

Cell phone

Work phone

email

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

1.

2.

MEDICAL INFORMATION

Pediatrician

Phone

Group Health Insurance Plan

Member#

Please explain the ways in which your child likes to learn.
Please list any particular approaches I can incorporate that will make things go well for them.

Is there anything else you would like me to know about your child?