



BARNUM EARLY CHILDHOOD PROGRAMS

2017-18 LITTLE STEPS (T/Th) _____ LEAPS & BOUNDS (M/W/Th) _____
BEGINNERGARTEN (M-Th) AM _____ PM _____
ECFE _____

STUDENT EMERGENCY CONTACT FORM

Please complete the following information.

STUDENT INFORMATION

First/Last Name _____ Birthdate _____

Address _____

City, State, Zip _____

E-mail address _____

PARENT/GUARDIAN CONTACT INFORMATION

First/Last Name _____

Phone (home) _____ (cell) _____

Place of Employment _____ Work phone _____

First/Last Name _____

Phone (home) _____ (cell) _____

Place of Employment _____ Work phone _____

MY CHILD HAS THE FOLLOWING MEDICAL CONDITION OR ALLERGIES

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

IN THE EVENT OF ILLNESS OR INJURY TO MY CHILD AND WE CANNOT BE REACHED PLEASE CONTACT

_____ PHONE _____

_____ PHONE _____

The school has my permission to release my child to the above listed individuals in the event that I cannot be reached. In the case of serious injury or illness and I or the above listed contacts cannot be reached, I authorize the school to take any necessary emergency actions, including transporting my child to the nearest hospital or medical facility.

Parent/Guardian Signature _____ Date _____