



## Emergency Information, Contacts, and Alternate Escorts

2019-2020 School Year - 1 per child

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

Child's Address(es): \_\_\_\_\_  
\_\_\_\_\_

**Parent Contact:** Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(Circle number to call first.) Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent Contact:** Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(Circle number to call first.) Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Has your child been stung by a bee? \_\_\_\_\_ If yes, approximately how many times? \_\_\_\_\_

Known allergies to food/medication/bee stings: \_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

***If Parent or Guardian cannot be reached, please contact, in order of preference:***

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(Circle number to call first.)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(Circle number to call first.)

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Wingra School to transport my child and secure the necessary medical treatment. I understand Wingra Staff is trained on the basics of first aid and child CPR, and I authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary. I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Information continued on reverse) →**



## Emergency Information, Contacts, and Alternate Escorts

2019-2020 School Year - 1 per child

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**The following persons are authorized to pick up and transport my child from school or be contacted in an emergency if neither parent nor guardian nor preferred emergency contacts can be reached.**

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*(Circle number to call first.)*

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*(Circle number to call first.)*

**Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*(Circle number to call first.)*

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_