



EMERGENCY CONTACT INFORMATION



Site: _____ Teacher's Name: _____

Room#: _____ FID# _____

Child's Full Legal Name _____ Male Female

Birth Date: ____ / ____ / ____

A. Name of parent/guardian _____

Child lives with parent

Contact Phone: (____) _____

Alternate Phone or Work Phone: (____) _____

Address: _____

Email address of parent/guardian: _____

B. Name of parent/guardian _____

Child lives with parent

Contact Phone: (____) _____

Alternate Phone or Work Phone: (____) _____

Same as above or Address: _____

Email address of parent/guardian: _____

Medical Insurance Type: Medi-Cal CHDP TriCare Private

Other: _____ None

Insurance Provider: _____ I.D.#: _____

Issue/Effective Date: _____

Physician: _____

Address: _____

Phone: (____) _____ Fax: (____) _____



EMERGENCY CONTACT INFORMATION



Dental Insurance Type: Medi-Cal/Denti-Cal CHDP TriCare Private

Other: _____ None

Dental Insurance Provider _____ I.D. # _____

Issue/Effective Date: _____

Dentist: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Print Parent/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

Consent provided:

Electronically

Verbal consent received on: Date: ____ / ____ / ____ (Pending receipt of written consent)*

*Staff will secure written signature at the earliest opportunity.