

Cell: _____ Other: _____

Address: _____

2. Parent's Name: _____ E-mail Address: _____

Telephone Numbers - Home: _____ Work: _____

Cell: _____ Other: _____

Address if different from Parent 1: _____

Which parent should communications be sent to? Please circle. Parent 1/ Parent 2/ Both

Medical Information:

Physician's Name: _____ Telephone Number: _____

Insurance Company: _____ Plan/Group#: _____ Policy#: _____

Alternate Emergency Contact Information:

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people