

Where I will be: _____

I will be home by: _____

Number(s) to contact me on: _____

If I am not reachable call: _____

at: _____

In Case of an Emergency:

Police: _____

Fire dept.: _____

This address: _____

This phone number: _____

If you cannot reach me in an emergency the following contacts can be trusted to help you.

Contact 1

Name: _____

Number: _____

Address: _____

Contact 2:

Name: _____

Number: _____

Address: _____

Insurance company: _____

Policy number: _____

About the Children:

Names: _____

Ages: _____

Bed time(s): _____

Allergies: _____

Medication(s): _____

Additional information: _____

* PERMISSION IS GRANTED: Any licensed physician, dentist, or hospital may give necessary emergency medical service to my child at the request of the person bearing this form with note to the allergies, medications and other information listed above.

Signed (parent/guardian): _____ Date: _____