

**Snow Lion School Emergency Form**

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Workplace: \_\_\_\_\_

Daytime Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Workplace: \_\_\_\_\_

Daytime Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please give us any special instructions on how to reach you while your child is at school: \_\_\_\_\_  
\_\_\_\_\_

Please list 3 or more people who are authorized to pick up your child from school and who we may call if there is an emergency when you can not be reached:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Child's Doctor Name/Address/Phone: \_\_\_\_\_

Child's Dentist Name/Address/Phone: \_\_\_\_\_

Hospital of Choice Name/ Address/Phone: \_\_\_\_\_

Please list any chronic medical problems or serious illnesses and injuries your child has had. (age & frequency) \_\_\_\_\_  
\_\_\_\_\_

Has your child been immunized? Partially immunized? \_\_\_\_\_

Does your child have dietary restrictions? \_\_\_\_\_  
\_\_\_\_\_

Can teachers apply sunscreen provided by you & arnica liniment to your child? \_\_\_\_\_

What additional medical information should we have for dealing with an emergency situation? \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, I give the teachers at Snow Lion permission to authorize medical treatment for my child, \_\_\_\_\_.

I give my child, \_\_\_\_\_, permission to attend & be transported during field trips with his/her class, provided I am notified in advance.

I give my child, \_\_\_\_\_, permission to go on neighborhood walks with his/her class.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_