



EMERGENCY FORM

Child's Name _____ Sex _____
Last First Middle

Birthday _____

Address _____ Zip Code _____

Home Phone _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian

Name (Parent#1 / Guardian) _____ Cell / Pager # _____

Place of Employment _____ Phone _____

Name (Parent # 2 / Guardian) _____ Cell / Pager # _____

Place of Employment _____ Phone _____

e-mail address(es) 1 _____ 2 _____

Day Care Provider (Name) _____

Day Care Address _____ Phone _____

List of Brothers and/or Sisters at Horace Mann School:

_____ Grade _____ _____ Grade _____

_____ Grade _____ _____ Grade _____

List any major health problems: _____

Family Physician _____ Phone _____

Choice of Hospital _____ Phone _____

EMERGENCY CONTACTS: This is very important and must be completed!!! If your child becomes ill at school or if school closes for an emergency, we must be able to contact someone who can care for your child. **ALL PHONE NUMBERS MUST BE KEPT CURRENT!**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature of Parent or Guardian _____ Date _____

CIF # _____ (To be completed by office)