

LUNCH BUNCH EMERGENCY FORM

CHILD'S NAME _____

FATHER'S NAME _____

WORK # _____ CELL # _____

MOTHER'S NAME _____

WORK # _____ CELL # _____

OTHERS ALLOWED TO PICK UP MY CHILD:

NAME _____ # _____

NAME _____ # _____

NAME _____ # _____

ALLERGIES / MEDICAL CONDITIONS

(PLEASE LIST ALL CONDITIONS, MILD OR SEVERE AND SPECIFY)

MEDICAL INSTRUCTIONS: EPIPEN / BENADRYL / CALL 911

OTHER _____

PLEASE NOTE: ALL MEDICINE MUST BE CHECKED INTO THE OFFICE WITH INSTRUCTIONS FOR USE BEFORE THEY CAN BE ADMINISTERED. PLEASE DO NOT PUT MEDICINE IN YOUR CHILD'S BACKPACK.

In the event of a medical emergency please take my child to _____ Hospital.

Insurance Name _____

Policy Holders Name _____

Policy # _____ Group # _____

Doctors Name _____

PARENTS SIGNATURE _____

