

**INFORMATION FOR EMERGENCY / FIELD TRIP**

_____	_____	____/____/____	_____
<b>Child's Last Name</b>	<b>First Name</b>	<b>Birth date</b>	<b>Age</b>

_____	_____	_____
<b>Street Address</b>	<b>City</b>	<b>Zip Code</b>

_____	_____	_____	_____
<b>Mother's Name</b>	<b>Home Phone #</b>	<b>Work Phone #</b>	<b>Cell Phone #</b>

_____	_____	_____	_____
<b>Father's Name</b>	<b>Home Phone #</b>	<b>Work Phone #</b>	<b>Cell Phone #</b>

_____	_____	_____
<b>Physicians Name</b>	<b>Address</b>	<b>Phone #</b>

In case of serious illness or accident and neither parent can be contacted. Do you give A Child's Way permission to obtain ambulance service and/or medical treatment for your child?

Yes \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK-UP YOUR CHILD FROM A CHILD'S WAY**

_____	_____	_____	_____
<b>Name (relationship)</b>	<b>Home Phone #</b>	<b>Work Phone #</b>	<b>Cell Phone #</b>

_____	_____	_____	_____
<b>Name (relationship)</b>	<b>Home Phone #</b>	<b>Work Phone #</b>	<b>Cell Phone #</b>

_____	_____	_____	_____
<b>Name (relationship)</b>	<b>Home Phone #</b>	<b>Work Phone #</b>	<b>Cell Phone #</b>

Date of last tetanus shot \_\_\_\_\_

Please list any fears or allergies your child has: \_\_\_\_\_

\_\_\_\_\_