

A Child's Way Schools, Inc.
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2018

EMERGENCY INFORMATION

_____	_____	____/____/____	_____
Child's Last Name	First Name	Birthdate	Age
_____		_____	_____
Street Address		City	Zip
_____	_____	_____	_____
Mother's Name	Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____	_____
Father's Name	Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____	_____
_____	_____	_____	_____
Physician's Name	Address	Phone #	

In case of a 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

_____	_____	_____	_____
Name (relationship)	Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____	_____
Name (relationship)	Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____	_____
Name (relationship)	Home Phone #	Work Phone #	Cell Phone #

Date of last tetanus shot _____

Please list any fears or allergies your child has: _____
