

Family Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_  
(If different from above)

Father's Name: \_\_\_\_\_

Father's Phone: \_\_\_\_\_  
(If different from above)

**2011- 2012 ASSUMPTION PSR EMERGENCY INFORMATION (Please Print)**

Child(ren)'s Name: _____	Health/Learning Concerns or Allergies: _____
_____	Medications taken on a regular basis: _____
_____	_____
_____	Health/Learning Concerns or Allergies: _____
_____	Medications taken on a regular basis: _____
_____	_____
_____	Health/Learning Concerns or Allergies: _____
_____	Medications taken on a regular basis: _____
_____	_____
_____	Health/Learning Concerns or Allergies: _____
_____	Medications taken on a regular basis: _____
_____	_____

List two relatives or friends who will assume temporary care of your child if you cannot be reached:

1. Name: _____	Phone: _____
Address _____	Relationship to child(ren): _____
2. Name: _____	Phone: _____
Address _____	Relationship to child(ren): _____

Physician's Full Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Emergency Number: \_\_\_\_\_

Insurance Provider and Member ID #: \_\_\_\_\_

**Emergency Care Procedure**

*In case of accident or serious illness, I request the PSR to contact me. If the PSR is unable to reach me, I hereby authorize the PSR to call the physician indicated above and to follow instructions. If it is impossible to contact this physician, the PSR may make whatever arrangements seem necessary.*

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

