

Family Name: _____

Phone: _____

Mother's Name: _____

Mother's Phone: _____
(If different from above)

Father's Name: _____

Father's Phone: _____
(If different from above)

2009-2010 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: _____