

EMERGENCY INFO/ INFORMACION de EMERGENCIA

Please list any health conditions your child has: i.e. ASTHMA, DIABETES, ETC.

Please list any Medications your child is currently taking:

Please list any Allergies to food or Medications (CIRCLE ALL THAT APPLY)

FOOD BEES MEDICATION

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____

Phone (Cell): _____

(Home): _____

2. Name: _____ Relationship: _____

Phone (Cell): _____

(Home): _____

**IMPORTANT: EMERGENCY/DISMISSAL AUTHORIZATION
*PERMISO IMPORTANTE DE EMERGENCIA***

I _____ authorize staff members to transport my child in a personal vehicle and/or an emergency vehicle in the event of a medical emergency or to seek emergency medical services as needed. I also authorize staff members to release my child at 2:30pm.

Autorizo a empleados a transportar a mi niño en vehículo personal de vehículo y/o emergencia en caso de una emergencia médica o para buscar emergencia servicios médicos como necesitado. Yo también autorizo a empleados a soltar a mi niño en 2:30 de la tarde.

Signature: _____ Date: _____