The Fine Arts Association

Emergency Form

Student(s) Information

Family Last Name: _____

Child's First Name: _____ Male or Female:_____Grade 2012-13: _____

Name Child Prefers to be Called: _____ Birth Date: ____/____/_____

* for multiple children in same family, check box and fill out section on back of form ☐

Primary Parent/Guardian Information (Emergency Contact #1)

Name (First and Last): _____ Cell Phone #: (_____)_____

Address: _____ Home Phone #: (_____)_____
number street apt#

_____ Primary Email: _____
city state zip code

* if mailing address is different, check box and fill out section on back of form ☐

Employer: _____ Work Phone #: (_____)_____

Relationship to Child:_____ Best Way to Reach You (daytime)_____

Secondary Parent/Guardian Information (Emergency Contact #2)

Name (First and Last): _____ Cell Phone #: (_____)_____

* if address/home phone is different, check box and fill out section on back of form ☐

Employer: _____ Work Phone #: (_____)_____

Relationship to Child:_____ Best Way to Reach You (daytime) _____

Other Information (Other Emergency Contacts/Authorized Pick Up)

List person(s) who may pick up and/or assume responsibility for child(ren) if neither of the above contacts can be reached). At least one MUST be listed.

Name: _____ Primary Phone #: (_____)_____ Relationship to Child: _____

Name: _____ Primary Phone #: (_____)_____ Relationship to Child: _____

Name: _____ Primary Phone #: (_____)_____ Relationship to Child: _____

Who will pick up child(ren) most days? (circle/list one) Mother Father Other:_____

List person(s) NOT authorized to pick up / drop off child(ren). (Please attach legal documents.)

Name: _____ Primary Phone #: (_____)_____ Relationship to Child:_____

Health/Medical Information

Please list any/all health concerns (medications; allergies; chronic, behavioral and/or mental conditions) that will help to facilitate safe and successful participation.Please be precise, and list for each child (if more than one). Use back of form if more space is required.

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Authorization for Emergency Medical Care

If parents(guardians) cannot be reached in case of serious injury or illness, I authorize The Fine Arts Association to take such emergency action as deemed necessary by staff, including the transportation of the above named child(ren) to a hospital or medical center. All expenses for such care will be accepted by the parents (guardians). As a parent (guardian), I do authorize treatment by a qualified and licensed medical doctor (or dentist) for the above named child(ren) in the event of an emergency. This authority is granted only after a reasonable effort has been made to reach me.

Signature: _____ Date: _____

Printed Name: _____

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Child/Children Information

Child #2 Last Name: _____

First Name: _____ Male or Female:_____ Grade 2012-13: _____

Name Child Prefers to be Called: _____ Birth Date: _____/_____/_____

Child #3 Last Name: _____

First Name: _____ Male or Female:_____ Grade 2012-13: _____

Name Child Prefers to be Called: _____ Birth Date: _____/_____/_____

Child #4 Last Name: _____

First Name: _____ Male or Female:_____ Grade 2012-13: _____

Name Child Prefers to be Called: _____ Birth Date: _____/_____/_____

Primary Parent/Guardian Information (Emergency Contact #1)

Mailing

Address: _____
number street apt#

_____
city state zip code

Home Phone #: (_____)_____

Primary Email: _____

Secondary Parent/Guardian Information (Emergency Contact #2)

Address: _____
number street apt#

_____
city state zip code

Home Phone #: (_____)_____

Primary Email: _____

Health/Medical Information (continued)

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