

English Rose Day School – Emergency Form

This is one of the most **important forms** you will fill out. We use this in case we need to reach you while your child is in our care. Please fill this out carefully and **print neatly**.

Child’s Information

Child’s Full Name: _____
Home Address: _____
City: _____ ST: _____ Zip: _____
Home # _____
Allergies: _____
Medication Needs: _____
Child’s Physician: _____ Tel No. _____

Parent/Guardian 1 Information

Parent/Guardian 1 : _____
Cell #: _____ Home # (if different) _____
Home Address (if different) _____
City: _____ ST: _____ Zip: _____

Employment Information

Company Name: _____
Company Address: _____
Work # _____
Days/Hours: _____ Position: _____
Driver’s License # - State Issued – Expiration Date _____

Parent/Guardian 2 Information

Parent/Guardian 2: _____
Cell #: _____ Home # (if different) _____
Home Address (if different) _____
City: _____ ST: _____ Zip: _____

Employment Information

Company Name: _____
Company Address: _____
Work # _____
Days/Hours: _____ Position: _____
Driver’s License # - State Issued – Expiration Date _____

Other Responsible Person Information

Please provide us with another person we can contact nearby in the event you cannot be reached.

Other Responsible Person: _____ Relation to Child _____
Daytime Address: _____
Daytime Telephone #: _____ Cell # _____

Parent/Guardian Signature _____ Date: _____