



**EMERGENCY CONTACT INFORMATION**

<u>PRIORITY</u>	<u>RELATIONSHIP</u>	<u>NAME</u>	<u>PHONE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SIBLINGS IN HOUSEHOLD:**

<u>NAME</u>	<u>BIRTHDATE</u>	<u>GENDER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**NON-LIVES WITH PARENT INFORMATION (If applicable)**

NAME: \_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REPORT CARDS SENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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**FOOD ALLERGIES:**

**ADDITIONAL INFORMATION:**

