

## Emergency Information and Contacts

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

25-26 School Year Site \_\_\_\_\_  Male  Female

Clinic Name \_\_\_\_\_ Doctor \_\_\_\_\_

Clinic Phone # \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

**If your child does not currently attend Willmar Public Schools, Cardinal Place requires a copy of the child's vaccination record.**

Does your child have an health related conditions or accommodations (allergies, diet, chronic illness)?

\_\_\_\_\_

Is your child taking any medications that need to administered between 6:30 AM and 6:00 PM (including emergency medications i.e. epi-pens or inhalers)?

\_\_\_\_\_

Please list a minimum of two Emergency Contacts (not including parents or guardians) who are authorized to remove your child from Cardinal Place. Please notify these people that they are listed as an emergency contact and may be contacted in the case of illness, behavior issues, or injury.

	Name	Relationship	Phone number 1	Phone number 2
Emergency Contact/ Authorized Pick-up				
Emergency Contact/ Authorized Pick-up				
Emergency Contact/ Authorized Pick-up				
Emergency Contact/ Authorized Pick-up				