

**Small Friends School Contact & Emergency Information**

**Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Primary Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail address(es)** \_\_\_\_\_

**Please list 3 persons (other than parents) to whom this child may be released:**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have **frequent colds?** \_\_\_\_\_ **Ear aches** \_\_\_\_\_ **Other?** \_\_\_\_\_

Is your child subject to **seizures** of any kind (epilepsy, diabetic, asthmatic, etc.)? Please explain.

\_\_\_\_\_

Please list any **allergies** to **medication:** \_\_\_\_\_

To **foods:** \_\_\_\_\_ **Other:** \_\_\_\_\_  
\_\_\_\_\_

Does your child have any food **restrictions** (not allergies) that we should know about? Please explain.

\_\_\_\_\_

Does your child have any medical **condition that may affect emergency treatment** (heart or lung conditions, congenital problems)?

\_\_\_\_\_

Please list your child's **current medications** (name and dosage). \_\_\_\_\_

\_\_\_\_\_

List any **personal or religious restrictions** (dietary, medical, etc.): \_\_\_\_\_

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(over)

## **Health Insurance Information**

Health Insurance Provider: \_\_\_\_\_

Policy No: \_\_\_\_\_ Group Number \_\_\_\_\_

Primary physician's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I understand every effort will be made to contact me, the parent/legal guardian. Until I am present, I give my permission to the paramedics and/or the medical personnel to use appropriate emergency medical decisions and measures deemed necessary for the health and well-being of my child. These include securing emergency treatment, hospitalization, ordering injections, medications or anesthesia, and /or performing surgery. I will assume all financial obligations incurred that are not covered by insurance.**

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SIGNATURE OF PARENT OR GUARDIAN

DATE

I have reviewed and updated all emergency medical information on this form.

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SIGNATURE FOR MIDYEAR UPDATE

DATE

We are asked to maintain complete records of our student body, faculty and staff by gender and ethnic group. For statistical purposes only, please circle the ethnic group with which your child identifies:

African/African American

Asian/ Asian American

Pacific Islander

Caucasian

Latino/ Hispanic

Middle Eastern

Native American

Multiracial (please specify ethnic groups) \_\_\_\_\_

