

**SONSHINE COMMUNITY
EMERGENCY SLIP**

Child's Name _____ Birthdate _____

Address _____ Tel. _____

Mother's Name _____ Cell Phone: _____

Home Address _____ Tel. _____

Business Address _____ Tel. _____

Father's Name _____ Cell Phone: _____

Home Address _____ Tel. _____

Business Address _____ Tel. _____

Name, address and phone numbers of persons to be contacted if parents cannot be reached:
(Please include pager or cell phone numbers, if possible)

1. _____

2. _____

Physician to be called in case of emergency:

_____ Hospital _____

Address _____ Tel. _____

Dentist to be called in case of emergency: _____

Address _____ Tel. _____

Name of insurance company: _____ Policy

Date of last tetanus shot: _____ List allergies to any types of medication or

food _____

I hereby authorize the Sonshine Community to call a doctor if needed and our family physician is unavailable:

Mother's Signature

Date

Father's Signature

Date