

# PELC

728 W. Fremont Ave.  
Sunnyvale, CA 94087 ~ 408-245-2253

## 2018-2019 Emergency Form

### Please print

Child's full name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Home address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 full name \_\_\_\_\_

email \_\_\_\_\_ Cell phone \_\_\_\_\_

employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent #2 full name \_\_\_\_\_

email \_\_\_\_\_ Cell phone \_\_\_\_\_

employer \_\_\_\_\_ Work phone \_\_\_\_\_

Language Spoken at home \_\_\_\_\_ Does child speak English? \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Physician \_\_\_\_\_

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

\_\_\_\_\_ Child has no known allergies

\_\_\_\_\_ Child has the following allergies/medical concerns (e.g. febrile seizures)/dietary restrictions: \_\_\_\_\_

I authorize the following people to pick my child up from school. These people are at least 18 years old.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Children will be released only to the people listed on the child's emergency form- anyone else must have a written letter of permission signed by the parent on file in the office.

In a medical emergency 911 will be called as well as the parents.  
Emergency medical expenses are the parent's responsibility.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_