

PELC
2019-2020 Emergency Form

Please print

Child's full name _____ Birthdate _____
_____ Male _____ Female

Home address _____ Home Phone _____
City _____ Zip _____ (if different from cell phone)

Parent (contact #1) full name _____
Email _____ Cell phone _____
Employer _____ Work phone _____

Parent (contact #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 these allergies: _____

_____ Child has the following dietary instructions/medical concerns:

_____ Vegetarian _____ Dairy OK _____ Fish OK _____ Eggs OK

_____ Asthma _____ Inhaler _____ Eczema _____ Febrile Seizure History _____ Epipen

Other _____

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 _____

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