

# THE PREP

## SOUTH TAMPA

### EMERGENCY CONTACT FORM

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent Contact #: \_\_\_\_\_ Parent Contact #: \_\_\_\_\_

Emerg. Contact Name: \_\_\_\_\_ Emerg. Contact #: \_\_\_\_\_

Child's Illness/Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

#### People Other Than Parent Authorized to Pick Up Child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_