

**SITE EMERGENCY BINDER INFORMATION PAGE**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus # \_\_\_\_\_

Mother's/guardian's name: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's/guardian's name: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Local persons to contact in case of emergency (other than parent/guardian)

Name	Phone number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Choice of hospital: \_\_\_\_\_

Type of Insurance	Insurance company	Policy Number
_____	_____	_____

Allergies: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Health issues: \_\_\_\_\_

Days attending program:

**A.M.** Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday \_\_\_\_

**P.M.** Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday \_\_\_\_