

# SONSHINE BEACH CLUB EMERGENCY INFORMATION – OFFICE

*PLEASE TYPE OR PRINT IN BLACK INK ONLY*

\_\_\_\_\_  
Last Name                                      First Name                                      Date of Birth                                      Grade in fall                                      Teacher

\_\_\_\_\_  
Home Address                                      City                                      Zip Code                                      Home Phone

\_\_\_\_\_  
Mother's First and Last Name                                      Mother's Address (if different than child's)

\_\_\_\_\_  
Mother's Home Phone (if different)                                      Mother's Cell Phone                                      Mother's Work Phone

\_\_\_\_\_  
Father's First and Last Name                                      Father's address (if different than child's)

\_\_\_\_\_  
Father's Home Phone (if different)                                      Father's Cell Phone                                      Father's Work Phone

*In the event of illness or accident and the parents cannot be located, this child may be released to one of the following people. **Note:** This is **not** a carpool list.*

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

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

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

PLACE PHOTO HERE

Specific problems or needs the school should be aware of: i.e. Allergies, Asthma, Convulsions, Diabetes, Epilepsy, Fainting, Heart Disease, Hearing/Speech Problems, Special Medication, etc. Please list:

\_\_\_\_\_  
Date of Last Tetanus Shot                                      Name of Insurance Company                                      Policy #

\_\_\_\_\_  
Name of Physician                                      Phone No.

**PARENT PERMISSION FOR FIELD TRIPS:** It is the policy of Sonshine Beach Club to secure permission of parents to take children on summer field trips. Parents will be receiving information on all upcoming field trips. ***I give permission for my child to travel by bus, car or walk on field trips with the class during the summer.***

\_\_\_\_\_  
Signature of Parent or Guardian                                      Date

**MEDICAL RELEASE:** I understand that every attempt will be made to contact me in the event of illness or accident. In case you are unable to reach me during an emergency, you are authorized to contact and if necessary release my child to any one of the three people listed above. If they cannot be contacted, I give my permission for emergency aid or treatment to be rendered by a licensed physician, paramedics, or hospital emergency first aid treatment room. I give permission for school employees to give minor first aid.

\_\_\_\_\_  
Signature of Parent or Guardian                                      Date