

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
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Home Address	City	Zip Code	Home Phone
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Mother's First and Last Name	Mother's Address (if different than child's)
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Mother's Home Phone (if different)	Mother's Cell Phone	Mother's Work Phone
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Father's First and Last Name	Father's address (if different than child's)
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Father's Home Phone (if different)	Father's Cell Phone	Father's Work Phone
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*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



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 #
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Name of Physician	Phone No.
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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
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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
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