

**Please Print This Card**

**EMERGENCY-PERMISSION CARD**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in PREP \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Home or Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ # \_\_\_\_\_

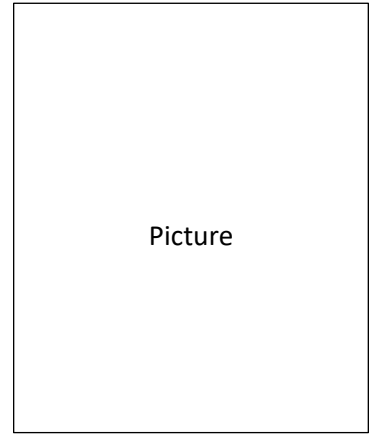
Child's Doctor \_\_\_\_\_ # \_\_\_\_\_

Medical # \_\_\_\_\_

Allergies/Medications \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_



Signature of Parent/Guardian