

KOHLER KARE

2022-2023
SCHOOL YEAR

EMERGENCY INFORMATION FORM

CHILD'S NAME	DATE OF BIRTH	GRADE

ALLERGIES OR MEDICAL ALERTS:

EMERGENCY CONTACTS

In the event of an **EMERGENCY**, contact the following parties in given order:

(1) EMERGENCY CONTACT

NAME	RELATIONSHIP	PHONE NUMBER

(2) EMERGENCY CONTACT

NAME	RELATIONSHIP	PHONE NUMBER

(3) EMERGENCY CONTACT

NAME	RELATIONSHIP	PHONE NUMBER

PHYSICIAN INFORMATION

In the event of a **SERIOUS EMERGENCY** requiring **IMMEDIATE** attention:

LOCAL PHYSICIAN NAME	
LOCAL PHYSICIAN PHONE NUMBER	

LOCAL HOSPITAL PREFERENCE	
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PARENT/GUARDIAN SIGNATURE: _____ DATE: _____