

EMERGENCY INSTRUCTIONS

Name of child: last _____ first _____ D.O.B. _____ grade: _____
last _____ first _____ D.O.B. _____ grade: _____
last _____ first _____ D.O.B. _____ grade: _____

Name of Parents/Guardians: last _____ first _____
Name of Parents/Guardians: last _____ first _____

Residence Address: _____ city: _____ zip: _____

Mailing Address: _____ city: _____ zip: _____

Email Address: father: _____ mother: _____

Please ✓ email to send Del Mar Pines notices and newsletters

Residence Telephone: (____) _____

Business Telephone: father: (____) _____ mother: (____) _____

Cellular Telephone: father: (____) _____ mother: (____) _____

Pager/Other: father: (____) _____ mother: (____) _____

In the event that my child(ren) becomes ill at school and needs to be taken home and neither parent can be reached, I authorize Del Mar Pines School personnel to call:

Full Name _____ Telephone: (____) _____ Relationship _____

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In the event my child(ren) is ill at school, I authorize the office to administer:

Jr. Tylenol (circle one) **YES NO** Cough Drops (circle one) **YES NO**

Other: _____

My child has food allergies (circle one) **YES NO** *If yes, please fill out allergy sheet.*

My child is allergic to bee stings (circle one) **YES NO UNKNOWN**

In the event of an emergency that requires immediate medical attention, when neither parent can be reached, I authorize Del Mar Pines School personnel to transport my child(ren) to the nearest medical facility.

Name of Family/Child's Physician: _____ Telephone (____) _____

Name of Insurance Carrier: _____

The following people have our permission to pick up our child(ren) from Del Mar Pines School. If this is a carpool, please check box. Please note...you still need to notify the school on the day your child(ren) is going home with a person listed below if not on a regular scheduled day i.e. M,W,F etc.

M Tu W Th F Name _____ Telephone (____) _____

M Tu W Th F Name _____ Telephone (____) _____

M Tu W Th F Name _____ Telephone (____) _____

M Tu W Th F Name _____ Telephone (____) _____

M Tu W Th F Name _____ Telephone (____) _____

Parent's Signature _____ Date _____