

**CAST EMERGENCY INFORMATION**

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone # \_\_\_\_\_ Teacher \_\_\_\_\_

Mother \_\_\_\_\_ (First & Last Name) Father \_\_\_\_\_ (First & Last Name)

Where parents can be reached if not at home:

Mother: Address \_\_\_\_\_ Phone \_\_\_\_\_

Father: Address \_\_\_\_\_ Phone \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care and/or emergency care of your child if you cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event that I or the others listed above are not available, I give permission to the caregiver (Creative Arts Studio) to provide first aid for the child named above and to take appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to \_\_\_\_\_ or the nearest emergency medical facility.

(AT NO TIME WILL THE CAREGIVER DRIVE AN ILL OR INJURED CHILD TO AN EMERGENCY MEDICAL FACILITY UNLESS ACCOMPANIED BY ANOTHER ADULT.)

IMPORTANT: Please list allergies or handicaps (if any): \_\_\_\_\_

\_\_\_\_\_

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

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