

**English Rose Day School – Emergency Form**

This is one of the most **important forms** you will fill out. We use this in case we need to reach you while your child is in our care. Please fill this out carefully and **print neatly**.

**Child’s Information**

Child’s Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home # \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medication Needs: \_\_\_\_\_  
Child’s Physician: \_\_\_\_\_ Tel No. \_\_\_\_\_

**Parent/Guardian 1 Information**

Parent/Guardian 1 : \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home # (if different) \_\_\_\_\_  
Home Address (if different) \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Information**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Work # \_\_\_\_\_  
Days/Hours: \_\_\_\_\_ Position: \_\_\_\_\_

**Parent/Guardian 2 Information**

Parent/Guardian 2: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home # (if different) \_\_\_\_\_  
Home Address (if different) \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Information**

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Work # \_\_\_\_\_  
Days/Hours: \_\_\_\_\_ Position: \_\_\_\_\_

**Other Responsible Person Information**

Please provide us with another person we can contact nearby in the event you cannot be reached.

Other Responsible Person: \_\_\_\_\_ Relation to Child \_\_\_\_\_  
Daytime Address: \_\_\_\_\_  
Daytime Telephone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_