

# **PARENTS' DAY OUT INFORMATION SHEET**

**Child's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Pager/Cell Phone** \_\_\_\_\_

**Child's Birthdate:** \_\_\_\_\_ **Age Sept. 1<sup>st</sup>** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Pager/Cell Phone** \_\_\_\_\_

## **PERSON TO CONTACT IN CASE OF EMERGENCY:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

## **FAMILY PHYSICIAN:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Special Medical Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECURITY NUMBER OR CODE NAME**

**Child's Name:** \_\_\_\_\_

**Child's Teacher:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

Please fill out and return.

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**SECURITY NUMBER OR CODE NAME**

**Child's Security Code:** \_\_\_\_\_

Please fill out and keep for your own records.