

# EMERGENCY CONTACT FORM

## PERSONAL INFORMATION

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WEEK/S OR SESSION YOUR CHILD IS ATTENDING: \_\_\_\_\_

### PLEASE LIST THE NAMES OF PEOPLE AUTHORIZED TO PICK UP YOUR CHILD


### PLEASE LIST ANY ALLERGIES AND/OR MEDICAL CONDITIONS


## EMERGENCY CONTACT INFORMATION:

PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHYSICIAN'S PHONE: \_\_\_\_\_

I GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE  
TAKEN FOR USE IN SARATOGA ARTS' PROMOTIONS AND PUBLICITY

YES

NO