



# Audubon VERMONT

## Education Program Emergency Contact and Health Information Form

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home address \_\_\_\_\_

Phone (day) \_\_\_\_\_

Parent/Guardian (2) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home address \_\_\_\_\_

Phone (day) \_\_\_\_\_

**People (other than a parent/guardian) whom we may contact in the event of a medical emergency:**  
In the event of an emergency we will **always** attempt to contact a parent/guardian first.

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_

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

Other health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**People (other than a parent/guardian) authorized to pick-up your child from the program:**

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_

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