

**CLOVERBROOK FARM**

**EMERGENCY CONTACT/MEDICAL INFORMATION**

CHILDS NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

FATHERS NAME \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

**NAME AND PHONE NUMBER OF PERSON TO CONTACT IF PARENTS CAN'T BE REACHED.**

**PLEASE LIST NAMES OF ANYONE WHO MAY **NOT** PICK UP YOUR SON OR DAUGHTER.**

**PLEASE LIST ANY ALLERGIES YOUR CHILD MAY HAVE.**

**DOES YOUR CHILD CARRY AN EPI PEN?**