

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?