



WILD ROOTS FOREST SCHOOL

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805.570-3087

Child and Family Emergency Information

_____ family name _____ child's name _____ date of birth _____

_____ parent/guardian name _____ phone number(s) _____

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Additional persons who may be called in an emergency:

_____ name _____ phone number _____ relationship _____

_____ name _____ phone number _____ relationship _____

_____ name _____ phone number _____ relationship _____

Do you authorize these emergency contacts to drop off and/or pick up your child? _____

List full names of others who have permission to pick up/drop off your child:

Please list any allergies, medical conditions, or medication(s) your child takes regularly

Is there anything else you would like known about your child? _____

_____ Physician's name and phone number _____ Dentist's name and phone number _____