

Parkmead Keypot Info and Emergency Sheet



Keypot
2009-2010

Child's Last Name _____
Child's First Name _____
DOB _____ / _____ / _____ Grade _____

Mother's Name _____
Street _____
City _____ Home # () _____
State _____ ZIP _____ Work # () _____
Email Address _____ Cell # () _____

Father's Name _____
Street _____
City _____ Home # () _____
State _____ ZIP _____ Work # () _____
Email Address _____ Cell # () _____

Child is in the Custody of : (circle one) Mother Father Both Other _____

Doctor's Name _____ Phone # () _____
Health Ins. Co. _____ Policy # _____

I have NO health insurance (check here)

For emergencies pls take my child to : (circle one) Kaiser J. Muir Other _____

Dentist Name _____ Phone # () _____

Emergency Contact (within 10 miles)

Contact 1 _____ Phone # () _____
Contact 2 _____ Phone # () _____
Contact 3 _____ Phone # () _____

Authorized Pick Up List

Person 1 _____ Phone # () _____
Person 2 _____ Phone # () _____
Person 3 _____ Phone # () _____
Person 4 _____ Phone # () _____
Person 5 _____ Phone # () _____

Amount Paid _____ Check # _____ Date _____