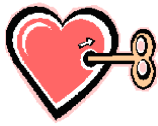


## Parkmead Keyspot Info and Emergency Sheet



Keyspot  
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 \_\_\_\_\_