



Square One Kids Academy

The Right Foundation to Reach New Heights

EMERGENCY CONTACT FORM

Child's Last Name: _____ Child's First Name: _____
Child's Address: _____ City: _____ State: _____ Zip Code: _____
Date of Birth: _____
of Days per Week: _____ Circle Days per Week: M T W Th F

*****ALLERGIES:**

Please list all allergies, include foods, medications, insect stings/bites.

Parent/Guardian #1 (This is the person we should contact FIRST):

Last Name: _____ First Name: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____ Work: _____
Email Address: _____

*Please indicate which number is best to reach you at during school hours by putting an asterisk

Parent/Guardian #2:

Last Name: _____ First Name: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____ Work: _____
Email Address: _____

*Please indicate which number is best to reach you at during school hours by putting an asterisk

Child's Physician Information:

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____



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People Authorized to Pick Up Your Child:

Last Name: _____ First Name: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____ Work: _____
Email Address: _____
Relation to Child: _____

Last Name: _____ First Name: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____ Work: _____
Email Address: _____
Relation to Child: _____

Last Name: _____ First Name: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____ Work: _____
Email Address: _____
Relation to Child: _____
Relation to Child: _____

AUTHORIZATION FOR EMERGENCY CARE:

In the event of a medical emergency, I authorize Square One Kids Academy to seek any necessary medical care with consent given by the Director. I give all medical personnel the authority to administer and carry out any treatment that is required.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____