

GOLD STAR

PORTABLE EMERGENCY INFORMATION

Childs name:	Birthday:
A.H.C.#	Address:

PLACE WHERE PARENTS CAN BE REACHED:

Name of parent:	Name of Parent:
Home Phone	Home Phone
Work/School	Work/School
Cell	Cell
Address	Address

EMERGENCY CONTACT TO WHOM YOUR CHILD CAN BE RELEASED

Name	Name
Address	Address
Relationship	Relationship
Phone #	Phone #
2 nd Phone #	2 nd Phone #

HEALTH INFORMATION

Allergies: _____

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Is your child's immunization up to date (please circle) Yes or No

Is your child on any ongoing medication (please circle) Yes or No

Explanation /what

dose: _____

AUTHORIZED PERSON TO WHOM MY CHILD CAN BE RELEASED:

Parent Signature: _____ Date: _____

Portable emergency updated every 6 months