CCFL3, Rev 04-2009		CHILD CA EMERGENCY CON			Please attach child's photo to this form.
CHILD'S NAME: ADDRESS:	NAME:BIRTHDATE: SURNAME FIRST NAME(S) S:			YEAR/MONTH/DAY	
PARENT'S NAME: _			HOME PHONE:		
CELL PHONE:			WORK PHONE:		
PARENT'S NAME: _			HOME PHONE:		
CELL PHONE:			WORK PHONE:		
EMERGENCY CONT	ACT:	CELL PHO	NE:	PHONE:	
OUT OF TOWN COM	TACT:		PHONE:		
CHILD'S DOCTOR:			PHONE:		
DATE OF MOST RE	CENT TETANUS SH	OT:			
ALLERGIES / MEDIO	CATIONS:				
		CONSEN	I		
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Please complete and sign the emergency consent form above.

It will be carried by our staff during excursions outside and will be used in the event of an emergency.