

WALKS / Winnie's Active Learning Kids School

6 Reparto San Francisco, Mayaguez, PR 00680-7763, Tel. 832-7083 • Fax 832-3425 - Ironman@caribe.net

EMERGENCY INFORMATION

Please, use Ink to supply the following information regarding your child. Any changes made during the year should be reported to the school's nurse. PLEASE PRINT.

| | | |
|-------------------------|--------|-------|
| Pupil's Last Name First | Middle | Group |
|-------------------------|--------|-------|

| | |
|--------------|-----------|
| Home Address | Phone No. |
|--------------|-----------|

| | |
|---------------------|---------------|
| Social Security No. | Date of Birth |
|---------------------|---------------|

| | | |
|---------------|----------|-----------|
| Father's Name | Employer | Phone No. |
|---------------|----------|-----------|

| | | |
|---------------|----------|-----------|
| Mother's Name | Employer | Phone No. |
|---------------|----------|-----------|

Does your child have any history of illness which we should know about? Including allergies.

Is your child at present under medical treatment? (Specify)

Write any other special health information the nurse should be aware of.

Name of persons to care the child if parents cannot be reached and the students must be dismissed.

Phone No.

Doctor to be notified in case of an emergency

Phone No.

Other Doctors

Address

Phone No.

Hospital Preference

Address

In case of emergency I authorize the school's nurse/personnel to give first aid assistance or take any necessary measures for the treatment and care of my child. Including the administration of non prescription medication.

Father's name / Signature

Mother's name / Signature

Comments: (To be filled in the school's nurse)
