YWDS

PLEASE COMPLETE BOTH HALVES OF THIS FORM FOR EACH ONE OF YOUR CHILDREN WHO IS AT YWDS. ONE HALF WILL REMAIN WITH YOUR CHILD'S TEACHER AND THE SECOND HALF WILL BE HELD IN OUR OFFICE. PLEASE WRITE CLEARLY

School Year _____

AS PART OF OUR EMERGENCY PREPAREDNESS PLAN, WE REQUIRE THE FOLLOWING INFORMATION IN THE EVENT THAT WE MUST VACATE THE SCHOOL PREMISES.

CHILD'S NAME/CLASS_____ Birth date _____

MOTHER'S NAME_____ Home Phone_____

MOTHER'S WORK ADDRESS_____

WK PHONE_____ Cell Phones_____

FATHER'S NAME_____

FATHER'S WORK ADDRESS_____

WK PHONE_____ Cell Phones_____

EMERGENCY NAMES AND TELEPHONE NUMBERS:

_____

_____

CURRENT MEDICATIONS/DOSAGE :_____

_____

ALLERGIES_____

_____

School Year _____

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EMERGENCY NAMES AND TELEPHONE NUMBERS:

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_____

CURRENT MEDICATIONS/DOSAGE :_____

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ALLERGIES_____

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