

## Somersfield Emergency Contact and Medical Information

<hr/> Child's Name	<hr/> Date of Birth	M	F
		Sex	
<hr/> Mothers/Guardian's Name	<hr/> Fathers/Guardian's Name		
(    )	(    )	(    )	(    )
<hr/> Home Phone	<hr/> Work Phone	<hr/> Home Phone	<hr/> Work Phone
(    )		(    )	
<hr/> Cell Phone	<hr/> Email Contact	<hr/> Cell Phone	<hr/> Email Contact
<hr/> Address	<hr/> Address		
<hr/> Job Title:	<hr/> Job Title:		
<hr/> Place of Employment:	<hr/> Place of Employment:		

### Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
(    )	(    )
<hr/> Home Phone	<hr/> Work Phone
(    )	(    )
<hr/> Cell Phone	<hr/> Cell Phone
<hr/> Address	<hr/> Address

### Medical Information

Does your child have any special health or medical needs:

<hr/> Physician's Name	<hr/> Phone Number
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Allergies/Special Health Considerations

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Indications of reaction and action to be taken.

I/we authorize the Academy employees to sanction emergency treatment if necessary.

<hr/> Parent's/Guardian's Signature	<hr/> Date
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We give permission for our child to take part in any and all field trips sponsored by the Somersfield Academy. We understand that written notice will be sent home prior to each field trip and that if we wish to exclude our child from that trip, notice in writing must be sent school prior to the day of the trip.

<hr/> Mothers/Guardian's Signature	<hr/> Date
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<hr/> Fathers/Guardian's Signature	<hr/> Date
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