



Emergency Information

All parts **MUST** be completed

Child's Name: _____ M__ F__ Age _____

Address _____

Mother's Name _____ Home # _____

Employer & Address _____

Work# _____ Mobile# _____ Mobile# carrier _____

Father's Name _____ Home # _____

Employer & Address _____

Work# _____ Mobile# _____ Mobile# carrier _____

*Emergency Contacts who can pick up and care for your child in case of emergency or lateness.
Emergency Contacts **MUST** be local, able to pick up within 1 hr.*

Contact 1 - _____ Relationship _____

Address _____ Phone # _____

Contact 2 - _____ Relationship _____

Address _____ Phone # _____

Physician's Name _____

Address _____ Phone # _____

*In case of accident or serious illness, **KEEPS** will contact parents/guardians. If **KEEPS** is unable to reach parents/guardians, **KEEPS** is authorized to call the Physician indicated above and follow his/her instructions. If it is impossible to contact this physician, **KEEPS** may take all necessary steps to ensure my child's health and well-being.*

Signature of Parent or Guardian

Date

***Other information: allergies, medications, special needs, etc. Please List:**

Permission is granted to **KEEPS Inc** to take my child(ren) on local trips (i.e. playground)

Signature of Parent or Guardian

Date

Permission is given to have my child appear in media coverage approved by **KEEPS Inc.**

Signature of Parent or Guardian

Date