

Emergency Contact and Medical Information 2011 – 2012

Child's Name (Eng) _____	UPN - novatstvo _____
Child's Name (Ukr) _____	UPJ - junatstvo _____
Address _____	
Home Phone _____	Birth date _____
Allergies / health problems _____	

Father's Name (Eng) _____	
Father's Name (Ukr) _____	
Cell Phone _____	e-mail _____
Mother's Name (Eng) _____	
Mother's Name (Ukr) _____	
Cell Phone _____	e-mail _____

Alternate Person to be notified _____	
Relationship _____	Phone _____
2 nd Alternate Person to be notified _____	
Relationship _____	Phone _____

Doctor _____	Phone _____
Address _____	
Allergies / health problems _____	

Medical Insurance Provider _____	
(provide photocopy of both sides of your insurance card)	
Name of Insured _____	Policy / Group _____

I hereby authorize any licensed professional to provide medical care to my child in the event of an emergency.	
Parent Signature _____	Date _____