

CENTRAL FLORIDA PREPARATORY SCHOOL

EMERGENCY AND PICK-UP INFORMATION

DATE _____

Student: _____

Emergency Contact Information

Person(s) to contact in case of emergency (when unable to reach parents):

Name _____

Day # _____ (Area Code) Night # _____ (Area Code) Cell # _____ (Area Code)

Name _____

Day # _____ (Area Code) Night # _____ (Area Code) Cell # _____ (Area Code)

Doctor's Name _____ Phone # _____ (Area Code)

Doctor's Address _____

Pick-up Authorization

Mother: Y N Father: Y N

Other people permitted to pick up child:

Name/Relationship _____ Day/Cell # _____ (Area Code)

Name/Relationship _____ Day/Cell # _____ (Area Code)

Name/Relationship _____ Day/Cell # _____ (Area Code)

Name/Relationship _____ Day/Cell # _____ (Area Code)

Medical Information

Does your child have any diagnosed allergies? If so, please list.

Is your child on medication that needs to be taken during school hours?
If so, please list and also fill out a medication dispensing authorization in the front office.

Are there any other medications or medical conditions about which we should know?