

Sanford School Department
Emergency Card for Title I Summer Program 2024

School: _____ Grade completed in June _____

Child's name _____ Birth date: _____

Female Male

Address where currently living: _____

Sanford _____ Springvale _____

With whom is the child currently living? _____

Mother's name _____ **Required:** Working phone _____

Required: E-Mail _____

Father's name _____ **Required:** Working phone _____

Required: E-Mail _____

For Emergency purposes IF unable to reach parents please contact: (**required**)

1. _____ Working Phone: _____

2. _____ Working Phone: _____

Doctor: Name & Tel. _____

If your child has medical concerns/allergies, please explain:

**** Medication(s) - If your child requires any medication during the session please provide daily medication and dosage along with a parent permission note.***

In an emergency can your child be transported to the hospital? _____yes _____no

Please list any other relevant information about your child on the back of this sheet.

Please **PRINT** the full name and address of parent or guardians below.

Signature _____ Date: _____