

Emergency Information

In case of emergency, please contact the following first:

Father/Guardian

Mother/Guardian

Child's Doctor _____

Doctor's # _____

Child's Dentist _____

Dentist's # _____

Hospital Preference _____

Insurance Company _____ Policy # _____

Family Information

Check one parent for payment and other purposes.

Check the primary contact for mailing and communication purposes (the contact will be sent on this project)

Father / Guardian's Name _____ Employer _____

Home Address _____ City _____ State _____ ZIP _____

Home # _____ Work # _____ Mobile # _____ Other # _____

Email _____

(providing an email address authorizes email communications about your child's program)

Father / Guardian's Name _____ Employer _____

Home Address _____ City _____ State _____ ZIP _____

Home # _____ Work # _____ Mobile # _____ Other # _____

Email _____

(providing an email address authorizes email communications about your child's program)

Emergency Contacts & Youth Picks Ups

If mother, father or guardian cannot be reached, individuals can act as an emergency contact and are allowed to pick up your child from all Operation 36 programs. A written request must be made to remove a person from this list. These are the only people who can pick your child unless other arrangements have been made prior with staff member.

1. Name _____ Relationship to child _____

Home # _____ Work # _____ Mobile # _____ Other # _____

2. Name _____ Relationship to child _____

Home # _____ Work # _____ Mobile # _____ Other # _____

3. Name _____ Relationship to child _____

Home # _____ Work # _____ Mobile # _____ Other # _____