MEMORIAL DAY SCHOOL
EMERGENCY CONTACT & INSURANCE INFORMATION

STUDENT'S LEGAL NAME:_____ _____ _____
LAST NAME **FIRST NAME** **MI**

SOCIAL SECURITY NO: _____ - _____ - _____ **DATE OF BIRTH:** _____ / _____ / _____

2005 – 2006 CLASS LEVEL: _____

ADDRESS: _____ _____, **GEORGIA** _____
STREET ADDRESS **CITY** **ZIP CODE**

PARENT / GUARDIAN NAME: _____

HOME PHONE NUMBER: ( ) _____ - _____ **CELL PHONE:** ( ) _____ - _____

PARENT / GUARDIAN EMPLOYER: _____

PARENT / GUARDIAN WORK PHONE NUMBER: ( ) _____ - _____

IN CASE OF EMERGENCY, CONTACT (*MUST BE 21 YEARS OF AGE OR OLDER):*

_____ **RELATIONSHIP:** _____

CONTACT PHONE NUMBER: ( ) _____ - _____ **/ OR /** ( ) _____ - _____

PRIMARY PHYSICIAN: _____ **PHONE:** ( ) _____ - _____

*** * * *** ***PLEASE BE AWARE OF THE FOLLOWING WHEN CARING FOR MY CHILD*** *** * * ***

MEDICAL CONDITIONS: _____

ALLERGIES: _____

MEDICATIONS & CONDITIONS: _____

INSURANCE INFORMATION

INSURANCE COMPANY: _____

NAME OF POLICY HOLDER: _____ **POLICY NO.** _____

GROUP NO. _____

INSURANCE COMPANY PHONE NO.: ( ) _____ - _____

AND / OR

INSURANCE COMPANY: _____

NAME OF POLICY HOLDER: _____ **POLICY NO.** _____

GROUP NO. _____

INSURANCE COMPANY PHONE NO.: ( ) _____ - _____