

**EXTENDED DAY Building Evacuation EMERGENCY CARD - Please return *immediately*.**

***Please check location of Ex Day program:*** \_\_\_ Admin Bldg. \_\_\_ Conant \_\_\_ Gates \_\_\_ McCarthy-Towne

Child's Name: \_\_\_\_\_ Grade (9/2011) \_\_\_ DOB \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Grade (9/2011) \_\_\_ DOB \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Grade (9/2011) \_\_\_ DOB \_\_\_\_\_

School: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother/Parent: \_\_\_\_\_ Father/Parent: \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact if parents cannot be reached:

Name/Relationship: \_\_\_\_\_

Home/Cell/Work Phone Numbers: \_\_\_\_\_

Physician Name and Phone: \_\_\_\_\_

List Child's Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**PLEASE INCLUDE A RECENT PHOTO OF YOUR CHILD -required (can be a color photo copy of a photo).**