

**DOWNERS GROVE PARK DISTRICT THREESCHOOL 2012-2013  
EMERGENCY INFORMATION**

CHILD: \_\_\_\_\_

PARENT OR GUARDIAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONES: \_\_\_\_\_  
(Mother) (Father)

CELL PHONES: \_\_\_\_\_  
(Mother) (Father)

**IN CASE OF EMERGENCY AND I/WE CANNOT BE REACHED, NOTIFY AND RELEASE MY CHILD TO:**

Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

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

Phone/Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ (Relationship) \_\_\_\_\_

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

Phone/Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
(Physician/Practitioner)

\_\_\_\_\_  
(Phone & Address)

\_\_\_\_\_  
(Preferred Hospital/Clinic)

In case of sickness or accident, I/we hereby give my consent to the DOWNERS GROVE PARK DISTRICT to provide emergency care through clinic, hospital or doctor and emergency first aid at the Center if necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**CLASS DAYS/TIME:** \_\_\_\_\_  
(i.e.: M/W, 9:00-10:30am)