

Infinity Farm Emergency Contact Information

Student's Name _____

Parent or Guardian _____

Address _____

Phone #'s _____

If above can not be reached please list emergency contact(s)

_____ Number _____

_____ Number _____

Family Physician _____

List Any Allergies _____

List Any Existing Medical Conditions _____

List all Medications _____

Do you carry medical Insurance? _____ (yes / no)

Name of Insurance Company _____

Policy# / Insurance ID _____

Phone Number _____

In case of serious accident or one which we feel should have immediate attention, do we have your permission to take the child to the emergency room at the closest hospital or appropriate medical treatment center, if we are unable to contact you: _____--_____

Signed _____ Date _____

Signed _____ Date _____