

EXTREME AVENTURA SPANISH

CHILD EMERGENCY INFORMATION

CHILD NAME _____

DATE _____

PLEASE FILL OUT AND SIGN A NEW EMERGENCY CONTACT LIST EACH YEAR

Parent/ Guardian Information

Name _____

Name _____



CHILD'S DOCTOR INFORMATION

Name _____

Phone# (_____) _____

Address _____

CITY _____

PHONE NUMBERS TO CALL

Name _____ **Phone#** _____

Medications

Child Currently taking

Name _____ **Phone#** _____

Name _____ **Phone#** _____

IF YOU CAN'T REACH ANYONE, PLEASE CALL

Name _____ **Phone#** _____

Name _____ **Phone#** _____

Allergies _____

BY SIGNING THIS FORM, I AUTHORIZE EXTREME AVENTURA TO CALL 911 ON HEHALF OF MY CHILD IN AN EMERGENCY

SIGNATURE _____ **DATE** _____

THIS FORM EXPIRES ON 09/01/2021