

## A CHILD'S EXPLORATORIUM

### EMERGENCY CONTACTT

PARENT/GUARDIAN ONE:

PARENT/GUARDIAN TWO

\_\_\_\_\_

\_\_\_\_\_

Home phone

Home phone

Work phone

Work phone

### ALTERNATIVE EMERGENCY CONTACTS

Primary emergency contact

Secondary emergency contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address



### AUTHORIZATION TO RECEIVE NON-MEDICAL SUBSTANCE

Please provide all non-medical items listed below, should your child,  
\_\_\_\_\_ need non-medical items applied during the school day.

Child's Name

Mosquito Repellent     Sunscreen     Lotion     Ointment     Other

Items must be in the original container and be labeled with your child's name.

Parent/Guardian Signature

Date