Thistle Bee DISCOVERY CENTER

EMERGENCY CONTACT

PARENT/GUARDIAN ONE	PARENT /GUARDIAN TWO
_____	_____
_____	_____
Home Phone	Home Phone
_____	_____
Work Phone	Work Phone

ALTERNATIVE EMERGENCY CONTACTS

Primary Contact	Secondary Contact
_____	_____
Home Phone:_____	Home Phone:_____
Work 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.

☐ Mosquito Repellent ☐ Sunscreen ☐ Lotion ☐ Ointment

It must be in the original container and be labeled with your child's name:

_____	_____
Parent/Guardian Signature	Date

ALLERGIES: Emergency plan of action

Type of Allergy:_____

Plan of Emergency:_____

Dr's Signature_____Phone:_____