



EMERGENCY AND IDENTIFICATION FORM

Pathfinder Nature Mentoring

Child(ren)s name (Last, First and Middle):

DOB: _____

MOTHERS NAME (Last, First and Middle):

Address(Street, City, State, Zip):

FATHERS NAME (Last, First and Middle):

Address (if different from Mother):

PLEASE PRINT:

Mothers e-mail & phone #:

Fathers e-mail + phone #:

Please print the person responsible for child who is readily accessible by phone with all the possible number(s) and e-mail: (please, give all nannies and responsible parties the schools cell phone number as well as providing the school with any and all nannies and responsible parties numbers)

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP: _____

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

NAME:

ADDRESS:

MEDICAL PLAN #:

TELEPHONE:

If physician cannot be reached what action should be taken? CALL
EMERGENCY HOSPITAL other

Explain:

Medical History, Allergies, Injuries, etc. that may affect your child's participation in the program or is otherwise important for instructors to know: