Science in the Park Emergency/Home Contact Form

Name of Child: _____Age_____

Address _____

Emergency Contact:

1. Primary Contact:

Name of Parent/Guardian _____

Home Telephone Number _____

Emergency Telephone Number _____

2. Alternate Contact If Parent/Guardian Not Available

Name of Person _____

Address _____

Emergency Telephone Number:_____

In case of a serious emergency_____
_____
_____

Arrival/Dismal (*Check the appropriate boxes.*)

Arrival: [   ]   My son/daughter will be brought to the workshop by
                     _____

           [   ]   My son/daughter will come to the workshop by him/herself.

Dismissal: [   ]   My son/daughter will be picked up after the workshop by
                     _____

           [   ]   My son/daughter will come home by him/herself.

_____   _____

            Parent's/Guardian's Signature   Date