



**Windsor Academy ASAP
Emergency Information Form
2017-2018**

To be completed for all Lower and Preschool Students:

Child's Full Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

Father's Name _____

Address (If different from child's) _____

City _____ State _____ Zip _____

Place of Employment & Address _____

Home Ph. _____ Cell Ph. _____ Business Ph. _____

Mother's Name _____

Address (if different from child's) _____

City _____ State _____ Zip _____

Place of Employment & Address _____

Home Ph. _____ Cell Ph. _____ Business Ph _____

Child's Physician _____ Phone _____

Allergies: _____

List individuals, other than parents, who have permission to pick up child from ASAP.

1. _____ Phone _____

2. _____ Phone _____