



Tropical Elementary



Pre-K Emergency Contact Form

1. Personal Information:	
Child's Name:	
Date of Birth:	Place of birth:
Address:	Apt#:
	City: State: Zip Code:
Home Phone:	()
2. Family Information:	
Father's Name:	
E-mail:	
Occupation:	
Business Name:	
Address:	
Cell Phone:	
Mothers' Name:	
E-mail:	
Occupation:	
Business Name:	
Address:	
Cell Phone:	
3. Child's Information:	
List Child's Allergies	
Medical/Dietary Needs	
Medication Currently Taken	
Has Child had Surgery or serious illness?	
4. Additional Information:	
Person's Authorized to Pick up your Child.	
Person's NOT Authorized to Pick up your Child?	
In case of illness, and parent cannot be reached call:	Name: Phone:
5. Doctor's Name:	Phone:
6. Pick Ups/Drop-Off	If your child is transported to school on a Dade County School Bus or Private Van , Please give us:
Pick-Up:	Address:
	Phone:
Drop-Off:	Address:
	Phone:
7. Before/After School Care	If your child is in the Before/After School Care let us know:
Before Care:	Yes: No:
After Care:	Yes: No: