

# EMERGENCY CONTACT & HEALTH

Perseverance Farm  
Moncure, NC

Child's Name \_\_\_\_\_

**Parent or Guardian (1)** \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ 2nd Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Parent or Guardian (2)** \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ 2nd Phone # \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is your child under the care of a physician for any health issues? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Does your child require medication? \_\_\_\_\_ List \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ List \_\_\_\_\_

Does your child have any fears or phobias? \_\_\_\_\_ Explain \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

Print Name \_\_\_\_\_

