LYNN PARKS AND RECREATION EMERGENCY CARD INFORMATION

Childs Name:		Date of Birth://	
Child's Home Address	s:		_
Guardian's Email:			
	EACH PARENT/GUARDIAN		
Name	Address	Phone #	-
Name	Address	Phone #	•
PEDIATRICIAN OR SO	OURCE OF HEALTH CARE		
Doctor's name	Address	Phone #	
EMERGENCY CONTAC	CT PERSON(S)		
1		1-10-10-10-10-10-10-10-10-10-10-10-10-10	-
Name 2	Address	Phone #	
Name	Address	Phone #	-
to my child	CY TREATMENT In Parks and Recreation perm Il treatment when I cannot	And/or take m	ny child, to a hospit
Parent signature:		Date://	
Allergies, chronic hea	Ith conditions:		
INSURANCE INFORM Company Name: Participating Hospital		Policy #:	-