

**SCOPE Emergency Information Authorization Card**

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Home School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Program Site: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Father's Business Address: \_\_\_\_\_ Work #: \_\_\_\_\_  
Father's Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Mother's Business Address: \_\_\_\_\_ Work #: \_\_\_\_\_  
Mother's Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Pick Up Restrictions: \_\_\_\_\_  
Indicate Special Instructions: (allergies, medication, etc/) \_\_\_\_\_  
(over)

Provide information of local adults who can be reached during program hours, if necessary, who are authorized to pick up my child (a neighbor is strongly suggested):

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of accident or injury, I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.

Parent/Guardian Signature: \_\_\_\_\_  
(over)