



710 Robert York Road
Deerfield, IL 60015
(847) 914-9100
www.starlandkids.com

EMERGENCY INFORMATION FORM

Student's Name _____

Birthday _____

Parent's Name _____

Phone (hm) _____ (work) _____

(cell) _____ (other) _____

Address _____

Emergency contact _____ Phone _____

People that have permission to pick up my child:

Name

Relationship

_____	_____
_____	_____
_____	_____

Are there any medical conditions we should be aware of?
Allergies? Medications? Special Needs?

Is there anything else we need to know about your child?

How did you hear about Starland?

Parent signature _____ Date _____