

WESLEYAN POTTERS EMERGENCY MEDICAL INFORMATION

Child's Name: _____

Date of Birth: _____ Home Phone and/or Cell: _____

Home Address: _____

Parent/Guardian's Name: _____

Father's/Guardian's Employer & Phone: _____

Mother's/Guardian's Employer & Phone: _____

Health Insurance Company: _____

List of Allergies: _____

Closest Living Relative & Phone: _____

Others to call (Names & Phones): _____

Child's Physician & Phone: _____

General Medical History: _____

Additional Comments: _____

In case of emergency, I give permission for my child to be taken by ambulance for treatment to the emergency room of the nearest hospital.

Yes No (circle one)

Parent/Guardian's Signature: _____

Date: _____

My child is registered for: _____

(Name of Wesleyan Potters' class)



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