Little Falcons School Student Information
2026-2027

Student Name: _____

Parents Names: _____

Phone Numbers: Mom: _____,

Dad: _____

When Parents can't be reached, please call and release my child (ren) to the following people:

Name: _____, Phone #: _____

Name: _____, Phone #: _____

Name: _____, Phone #: _____

_____ _____
Parent Signature *Date*

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

In the event that I cannot be contacted to make emergency medical treatment arrangements for my child, I authorize the childcare director or person in charge to take my child to:

Physician's
Name_____Address_____Phone_____

Hospital/Clinic_____Address_____Phone_____
_____