



Children's Academy Antigua

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*"Bilingual, Academic, Social, and
Emotional Learning Approach*

HEALTH / EMERGENCY INFORMATION UPDATE

Child's Full Name: _____ **Date:** _____

Date of Birth: _____ **Age:** _____

Address: _____

Mother Name: _____

E-mail: _____ **Cell Phone:** _____

Father Name: _____

E-mail: _____ **Cell Phone:** _____

Emergency Contacts: (others than the parents)

Contact 1 phone: _____

Contact 2 phone: _____

Child's Emergency Plan (Please write your child's emergency plan, for example: 1-call parents, 2-call 911, 3-drive student to urgent care address and phone number of the place, 4-call his/her Dr. XXX phone 777-7777) Be specific with your plan. (If we cannot reach parents or emergency contact, child will be immediately taken to the Hospital Emergency room)

1st _____

2nd _____

3rd _____

4th _____

Are Immunizations Up to Date? YES _____ NO _____

List any special need, surgery, allergies or any health problems we should be aware of:

Parent's name: _____ Parent's signature _____