

TOWNSHIP OF FRANKLIN RECREATION
Report of Parent Emergency and Insurance Information

Participant's Name _____ Age _____ Grade _____

Street _____ Town _____ Zip Code _____

Mother's/Guardian's Name _____ Home tel.# _____ Work# _____

Address _____ Cell# _____ E-mail _____

Father's/Guardian's Name _____ Home tel.# _____ Work # _____

Address _____ Cell # _____ E-mail _____

When both parents work, who should be notified to take a sick child home? _____

In case of emergency who should be notified first? _____

If not available, notify:

1. Name _____ Relationship to child _____

Home tel.# _____ Work tel.# _____ Cell # _____

2. Name _____ Relationship to child _____

Home tel. # _____ Work tel.# _____ Cell # _____

My child is covered by the following insurance:

Name of insurer: (i.e Blue Cross, Aetna, etc.) _____

Policy # _____

Signature _____ Date _____