

# LAKERIDGE WEST COMMUNITY ASSOCIATION

## EMERGENCY FORM FOR CHILDREN 10-18 YEARS OLD

Name \_\_\_\_\_

Address \_\_\_\_\_

Town, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Parent Information:**

**Mom's name** \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

**Dad's name** \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

### **Emergency Contact:**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone number \_\_\_\_\_