

**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.) \_\_\_\_\_

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Policy # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_