



## EMERGENCY CONTACT FORM

Child's Name Liya Reddy Konatam Date of Birth 11/06/2014  
Child's Address 1609 Pleasant St #209 Lauderdale MN 55108

### EMERGENCY CONTACT INFO

#### Parent/Guardian #1

Name Ravindhar Reddy Konatam  
Address (if different than child's)  
  
  
E-mail ravindhar.rddy@gmail.com  
Phone (c) 612-442-0405 Phone (w) 651-490-8235  
Phone (h) \_\_\_\_\_

#### Parent/Guardian #2

Name Shalini Bangalore Subramani  
Address (if different than child's and guardian #1)  
  
  
E-mail shalumani@gmail.com  
Phone (c) 612-442-0405 Phone (w) \_\_\_\_\_  
Phone (h) \_\_\_\_\_

#### Emergency Contact #1

(to whom child may be released if parent/guardian is unavailable)

Name Roshini  
Address 1314 Marquette Ave 703 Minneapolis MN 55403  
  
Relationship Aunty Phone (c) 612-402-4655  
Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

#### Emergency Contact #2

(to whom child may be released if parent/guardian is unavailable)

Name Swati dora  
Address 1314 Marquette Ave 703 Minneapolis MN 55403  
  
Relationship Aunty Phone (c) 763-406-2946  
Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

### CHILD'S USUAL SOURCE OF MEDICAL CARE

Physician Dr. Patricia Hickey  
Address 2525 Chicago Ave, Minneapolis, MN 55404  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Dentist NA  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Child's Health Insurance CIGNA  
Subscriber's Name CIGNA

#### Specific Instructions of Special Conditions, Disabilities, Etc.

Write none if none apply.

#### Allergies

Write none if none apply.

None

As the parent/legal guardian, I give consent to SonShine Learning Center to administer to my child emergency first aid by the program staff. I understand that, if necessary, 911 will be called and my child may be transported to receive emergency care. I understand that I will be responsible for all emergency transportation and any charges not covered by insurance.

I give consent for the emergency contact persons listed above to act on my behalf until I am available.

I agree to notify SonShine Learning Center if any of the above information changes.

Parent/Guardian #1 \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian #2 \_\_\_\_\_ Date \_\_\_\_\_