

# Comfort Kit Information Card

(Please, Print Clearly)

Teacher's Name: \_\_\_\_\_

Classroom #: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (    ) \_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell Phone #: (    ) \_\_\_\_\_

Medical Conditions and/or Allergies: \_\_\_\_\_

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Emergency Contact Person: (Out of State, if possible)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_