

SCE Running Club Information Sheet

Student Name _____ Grade _____ Teacher _____

Address _____

Parent/Guardian name _____

Phone Number _____ Emergency number _____

Other Emergency Contacts;

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

My Child can be picked up by:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Any allergies or other essential medical information

Other Information
