

Emergency Contact Information

Child's name: _____ **Date of birth:** _____

Allergies or other important health information: _____

Please list your phone numbers in the order we should call in an emergency.

Mother's name: _____

Phone number(s): _____

Father's name: _____

Phone number(s): _____

Physician's name: _____ Phone: _____

Name of practice: _____

Hospital of choice: _____ Phone: _____

Dentist's name: _____ Phone: _____

Emergency contacts *(other than parents; please list in the order we should call):*

Name: _____ Relationship to child: _____

Phone number(s): _____

Name: _____ Relationship to child: _____

Phone number(s): _____

Name: _____ Relationship to child: _____

Phone number(s): _____

Name: _____ Relationship to child: _____

Phone number(s): _____

People who may pick up your child *(please list legal names as they will appear on drivers' licenses):*

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Signature of Parent or Guardian: _____

Office Use Only: Date returned by parent: _____ Teacher: _____