

Emergency Contact Information

Child's classroom (please check one): 3 AM 3 PM 3 TH/F AM 4 AM 4 PM Kdg

Child's Last Name _____

Child's First Name _____

M/F _____

Date of Birth _____

Address: _____

Street

City, State

Zip

Child lives with: _____

Resident Father's Name _____

Resident Mother's Name _____

Cell # _____

Cell # _____

Work # _____

Work # _____

CODE WORD: _____

Emergency Contact Person _____

Relationship to Child _____ Phone # _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Hospital _____ Phone # _____

Known Medical Conditions: _____

Medications taken regularly & dosage _____

Allergies: _____

In the event of an emergency and the above persons cannot be located I authorize the school to obtain whatever medical care is necessary. Financial responsibility lays with the parent not the facility.

Signature of Parent or Legal guardian _____

Date _____

Person(s) Authorized to Pick Up Child

Name _____

Phone # _____

Address _____

Relationship _____

Name _____

Phone # _____

Address _____

Relationship _____

Name _____

Phone # _____

Address _____

Relationship _____

Name _____

Phone # _____

Address _____

Relationship _____

Name _____

Phone # _____

Address _____

Relationship _____