

EMERGENCY INFORMATION

(PLEASE PRINT)

Child's Name: _____ Birthday: _____

Home Address: _____
(Street) (City) (Zip)

Home Phone: _____ (E-Mail) _____

Mother's Name: _____

Father's Name: _____



Important Phone Numbers:

Mother: Home: _____ Work: _____ Cell: _____

Father: Home: _____ Work: _____ Cell: _____

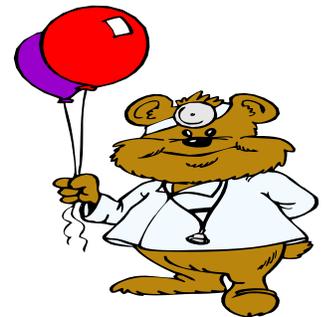
Alternate Emergency Contact Person(s): (In Calling Order)

1. Name: _____ Phone: _____ Cell: _____

2. Name: _____ Phone: _____ Cell: _____

3. Name: _____ Phone: _____ Cell: _____

Medical Information (Allergies to medications, foods, etc):



Hospital Preference: _____ Phone: _____

Child's Doctor: _____ Phone: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contact(s) nor my child's doctor can be located immediately.

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____