

Emergency Contact Card

Child's Name: _____

Date of Birth: _____

Home Address: _____

Primary Phone: _____

City: _____ Zip: _____

Allergies to medicine: _____

Allergies to food: _____

Emergency contacts other than parents:*

1st Parent Name: _____

1st Contact Name: _____

Cell Phone: _____

Home Address: _____

Work Phone: _____

Relation: _____ Primary Phone: _____

2nd Contact Name: _____

2nd Parent Name: _____

Home Address: _____

Cell Phone: _____

Relation: _____ Primary Phone: _____

Work Phone: _____

Kids 'R' Kids of _____ has permission to transport my child in case of emergency



Parent's Signature

Date

**TDFPS Licensing expects the parent to list someone other than themselves as an emergency contact and authorized to pick up their child from care. If the parent chooses to not designate anyone else, they will need to indicate this in writing.*