

EMERGENCY INFORMATION CARD

Child's Name: _____ Date of Birth: _____
Home Address: _____ Home Phone: _____
City: _____ Zip: _____

Emergency Contacts and Authorized Pick-Up:
(Other than Parents)

Mom's Name: _____
Cell/Carrier: (____) _____
Work Phone: (____) _____
Email Address: _____

1st: _____
Relation: _____ No: (____) _____

Dad's Name: _____
Cell/Carrier: (____) _____
Work Phone: (____) _____
Email Address: _____

2nd: _____
Relation: _____ No:(____) _____

3rd: _____
Relation: _____ No:(____) _____

Allergies to medicines: _____
Allergies to food: _____

Parent/Guardian Signature

Date

