

EMERGENCY INFORMATION CARD

Child's Name: _____
Home Address: _____
City: _____ Zip: _____

Date of Birth: _____
Home Phone: (____) _____

Emergency contacts other than parents:*

(List name, relation to child, and phone number)

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

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

** Kids R Kids West Frisco 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.*

Mom's Name: _____
Work Phone: (____) _____
Cell Phone: (____) _____

Dad's Name: _____
Work Phone: (____) _____
Cell Phone: (____) _____

Allergies to medicine: _____

Allergies to foods: _____



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