EMERGENCY INFORMATION CARD

		Date of Birth:
Home Address:	Zip:	
City:	Zip:	
Emergency contacts other than parents:*		Mom's Name:
(List name, relation to child, and phone number)		Work Phone: ()
Elst failte, relation to child, and proble fluitoer)		Cell Phone: ()
1st:		
Address:		Dad's Name:
Relation:	No: ()_	Work Phone: ()
- 1		Cell Phone: ()
Address:	No: ()_	Allergies to medicine:
Kelation,	1NO. ()	Anergies to medicine
dated 1 Died 1 Hz + Di		Allergies to foods:
	has permission to transport my child ir	1
case of emergency**		
		Kids R Kids
		Talus Talus
Parent's Signature	Date	Learning Academy
*TDEPS Licensing expects the parer	at to list someone other than themselves as an emergen.	cy 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.	
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EN	MERGENCY INFO	
EN Child's Name:	MERGENCY INFO	Date of Birth:
EN Child's Name:	MERGENCY INFO	Date of Birth:
EN Child's Name:	MERGENCY INFO	Date of Birth: Home Phone: ()
Child's Name: Home Address: City:	MERGENCY INFO	Date of Birth: Home Phone: () Mom's Name:
Child's Name: Home Address: City:	TERGENCY INFO Zip: r than parents:*	Date of Birth: Home Phone: () Mom's Name: Work Phone: ()
Child's Name: Home Address: City:	TERGENCY INFO Zip: r than parents:*	Date of Birth: Home Phone: () Mom's Name:
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Child's Name: Home Address: City: Emergency contacts other (List name, relation to child, and	Zip: Zip: Zip: Ziphone number)	Date of Birth: Home Phone: () Mom's Name: Work Phone: () Cell Phone: ()
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Child's Name: Home Address: City: Emergency contacts other (List name, relation to child, and 1st: Address: Relation: 2nd:	Zip:	Date of Birth: Home Phone: () Mom's Name: Work Phone: () Cell Phone: () Dad's Name: Work Phone: ()
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Child's Name: Home Address: City: Emergency contacts other (List name, relation to child, and 1st: Address: Relation: 2nd: Address: Relation:	Zip:	Date of Birth: Home Phone: () Mom's Name: Work Phone: () Cell Phone: () Dad's Name: Work Phone: () Cell Phone: () Allergies to medicine: Allergies to foods:

Date

Parent's Signature

