## EMERGENCY INFORMATION CARD

Child's Name:		Date of Birth:
Home Address:	*	——— Home Phone: ( )
City:	ents:*	Mom's Name:
1st:		
Address:		Dad's Name:
Relation:	No: ()	Work Phone: ()
2 <sup>nd</sup> :		Cell Phone: ()
Address:		
Relation:	No: ()	Allergies to medicine:
** Kids R Kids West Frisco has pericase of emergency**	mission to transport my child in	Kids Kids
Parent's Signature	Date	Learning Academy

\*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.