



Emergency Contact Information

[Child's Full Name] _____ / ____ / ____
[Date of Birth]

[Address] _____ [City] _____ [State] _____ [Zip Code] _____

PARENT/GUARDIAN CONTACT INFORMATION

_____ [Mother's Name]	_____ [Father's Name]
[_____] _____ - _____ [Cell Phone]	[_____] _____ - _____ [Cell Phone]
_____ [Email]	_____ [Email]
_____ [Home Address - if different from child's address]	_____ [Home Address - if different from child's address]
_____ [City] _____ [State] _____ [Zip Code] _____	_____ [City] _____ [State] _____ [Zip Code] _____
_____ [Employer]	_____ [Employer]
[_____] _____ - _____ [Work Phone]	[_____] _____ - _____ [Work Phone]

IN THE EVENT OF AN EMERGENCY AND THE PARENTS CANNOT BE REACHED, PLEASE CALL:

_____ [Name] - Primary	_____ [Relationship]	[_____] _____ - _____ [Cell Phone]	[_____] _____ - _____ [Work Phone]	
_____ [Address]	_____ [City]	_____ [State]	_____ [Zip Code]	_____ [DL Number]
_____ [Name] - Secondary	_____ [Relationship]	[_____] _____ - _____ [Cell Phone]	[_____] _____ - _____ [Work Phone]	
_____ [Address]	_____ [City]	_____ [State]	_____ [Zip Code]	_____ [DL Number]

PHYSICIAN CONTACT INFORMATION

[Physician's Name] _____ [_____] _____ - _____
[Phone]

[Address] _____ [City] _____ [State] _____ [Zip Code] _____

[Any Known Allergies] _____ [Medications] _____

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to _____ **[Name of Emergency Facility]**. I give consent for the facility to secure any and all necessary emergency medical care for my child. _____ **[Parent or Guardian Signature]**

[Signature of Parent or Guardian] _____ / ____ / ____
[Date]