

EMERGENCY INFORMATION

Child's Information:

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Mothers/Guardian Information:

Name: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Work Phone: _____

Employer: _____

Fathers/Guardian Information:

Name: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____ Work Phone: _____

Employer: _____

In the case of an emergency, which Phone Numbers should be called:

First: _____ Second: _____

Person other than Parent to be notified in an emergency situation when parents are not available:

Name: _____ Phone: _____

Please list any allergies, health issues, or any other important information that we should know about your child (if none, please write "None").
