Child Emergency Info

Child's Full Name & Birthday: _____

Allergies & Important Medical Info: _____

Parent's Name, Cell Phone, & Email Address: _____

_____

Parent's Place of Work & Phone Number: _____

Parent's Name, Cell Phone, & Email Address: _____

_____

Parent's Place of Work & Phone Number: _____

Person's Authorized to pick up the child? Name, Best Phone Number to Contact:

_____

_____

_____

Emergency Contacts with best phone # to call (List in the order of who to contact first):

_____

_____

_____

2024-2025