

# EMERGENCY CONTACT FORM

## CHILD'S INFORMATION

NAME:		ALLERGIES:	
AGE:		HEALTH	
DATE OF BIRTH:		CONDITIONS:	

## PARENT / LEGAL GUARDIAN INFORMATION

PRIMARY PARENT		SECONDARY PARENT	
NAME:		NAME:	
RELATIONSHIP:		RELATIONSHIP:	
PHONE NUMBER:		PHONE NUMBER:	
EMAIL ADDRESS:		EMAIL ADDRESS:	
HOME ADDRESS:		HOME ADDRESS:	
WORK ADDRESS:		WORK ADDRESS:	
WORK NUMBER:		WORK NUMBER:	

## EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

PRIMARY AUTHORIZED PERSON		SECONDARY AUTHORIZED PERSON	
NAME:		NAME:	
RELATIONSHIP:		RELATIONSHIP:	
PHONE NUMBER:		PHONE NUMBER:	

## ACKNOWLEDGMENT

By signing below, both parties acknowledge that the information provided is accurate and agree to the terms stated above.

Parent/Guardian Signature: \_\_\_\_\_ Daycare Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_