

Square One Learning, LLC
Emergency Information Card

Child's Name: _____ Date of Birth: _____

Home Address: _____ City/State: _____ Zip: _____

Mother's Name/Guardian: _____ Email Address: _____

Home Phone: _____ Cell: _____ Other: _____

Mother's Employer: _____ Department: _____

Employer's Address: _____ Work Phone: _____

Father's Name/Guardian: _____ Email Address: _____

Home Phone: _____ Cell: _____ Other: _____

Father's Employer: _____ Department: _____

Employer's Address: _____ Work Phone: _____

Emergency Contact Name: _____ Home Address: _____

Home Phone: _____ Cell: _____ Relationship to child: _____

Pediatrician's Name: _____ Clinic Name: _____

Phone Number: _____ Address: _____

Child's Dentist: _____ Phone: _____ Address: _____

Hospital of Choice: _____ Address: _____

Hospital's Phone: _____

Allergies: _____

Medical Conditions: _____

Medications: _____

Notes about contacting parents during school hours:
