

# EMERGENCY CONTACT LIST

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FILL OUT AND SIGN A NEW EMERGENCY CONTACT LIST EACH YEAR**

MY NAME: \_\_\_\_\_ I AM CHILD'S  PARENT  
PLEASE PRINT FULL NAME  GRANDPARENT  
 LEGAL GUARDIAN

**CALL ME AT THESE PHONE NUMBERS:**

HOME: \_\_\_\_\_  N/A  
NO LANDLINE  
MOBILE: \_\_\_\_\_  
WORK: \_\_\_\_\_

**CHILD'S DOCTOR'S INFORMATION:**

NAME: \_\_\_\_\_  
TEL: \_\_\_\_\_

**IF YOU CAN'T REACH ME, PLEASE CALL:**

NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
HOME: \_\_\_\_\_  N/A  
NO LANDLINE  
MOBILE: \_\_\_\_\_  
WORK: \_\_\_\_\_

**MY CHILD IS CURRENTLY TAKING THESE MEDICATIONS**

**ALLERGIES:** \_\_\_\_\_ **POTENTIALLY LIFE-THREATENING**

By signing this form, I authorize Caregiver to call 911 on behalf of my child in an emergency:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM EXPIRES ON:**