

## Emergency Quick Reference

Child's Name \_\_\_\_\_

Allergies \_\_\_\_\_

Food Preferences \_\_\_\_\_

Please put in order of who we would call in a true emergency regarding your child.

1. Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact phone number: \_\_\_\_\_